



STATE OF NEVADA				OFFICE USE ONLY																																																																																																																																																																																																																																			
DIVISION OF WATER RESOURCES				Log No. 103392																																																																																																																																																																																																																																			
WELL DRILLER'S REPORT				Permit No. _____																																																																																																																																																																																																																																			
PRINT OR TYPE ONLY				Basin 212																																																																																																																																																																																																																																			
DO NOT WRITE ON BACK				Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340																																																																																																																																																																																																																																			
1. OWNER Clark County Aviation						ADDRESS AT WELL LOCATION McCarren Airport Terminal 3																																																																																																																																																																																																																																	
MAILING ADDRESS P.O. Box 11005 Las Vegas, Nv						5757 Wayne Newton Boulevard, Las Vegas, NV																																																																																																																																																																																																																																	
2. LOCATION NW 1/4 NW 35 T 21 S R 61 E						Subdivision Name: _____ County: CLARK																																																																																																																																																																																																																																	
PERMIT/WAIVER No. DW-1244A				162-35-101-018		Latitude N Longitude x																																																																																																																																																																																																																																	
Issued by Water Resources				Parcel No. 162-35-101-018		UTM E NAD 27																																																																																																																																																																																																																																	
3. WORKED PERFORMED				4. PROPOSED USE Dewater																																																																																																																																																																																																																																			
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replace <input type="checkbox"/> Recondition <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Other <input type="checkbox"/> Dewatering Well				<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> RVC <input type="checkbox"/> Municipal/Industrial <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> Stock <input type="checkbox"/> Air <input checked="" type="checkbox"/> Other <input type="checkbox"/> Auger Bucket																																																																																																																																																																																																																																			
6. LITHOLOGIC LOG				9. WELL CONSTRUCTION																																																																																																																																																																																																																																			
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Date started: 2-Jul ,20 07				Date completed: 7/2/2007 ,20 07																																																																																																																																																																																																																																			
7. Water Level				10. DRILLER'S CERTIFICATION																																																																																																																																																																																																																																			
Static water level: 33 feet below land surface				This well was drilled under my supervision and the report is true to the best of my knowledge.																																																																																																																																																																																																																																			
Artesian Flow: _____ G.P.M. _____ P.S.I.				Name Griffin Dewatering Corp																																																																																																																																																																																																																																			
Water Temperature: _____ °F				Address 536 E. Maitland Street																																																																																																																																																																																																																																			
Quality: _____				Contractor Ontario, Ca 91761																																																																																																																																																																																																																																			
8. WELL TEST DATA				Nevada contractor's license number C-23 0031246																																																																																																																																																																																																																																			
TEST METHOD: _____				issued by the State Contractor's Board																																																																																																																																																																																																																																			
Bailer _____ Pump _____ Air Lift _____				Nevada driller's license number issued by the M-2264																																																																																																																																																																																																																																			
G.P.M. _____ Draw Down _____ Time (Hours) _____				Division of Water Resources, the on-site driller																																																																																																																																																																																																																																			
(Feet Below Static)				Signed [Signature]																																																																																																																																																																																																																																			
DCN				By driller performing actual drilling on site or contractor																																																																																																																																																																																																																																			
RECEIVED				Date July 9, 2007																																																																																																																																																																																																																																			
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