

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 106767
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 33942

1. OWNER CLARK COUNTY SANITATION ADDRESS AT WELL LOCATION CCWRD #567
 MAILING ADDRESS 5857 E FLAMINGO RD. 5857 East Flamingo Road, Las Vegas, NV
LAS VEGAS, NV 89122

2. LOCATION NE 1/4 NE 1/4 Sec 22 T 21 S R 62 E CLARK County

PERMIT NO. DW1281 161-22-101-001 CLARK
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE DEWATER
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
12-Dewater wells				
Silt	x	0	12'	12'
Silty-clay	x	12	30'	18'
Silty clay		30'	35'	5'
Wells 7-6-18				
WSG84				
N36 06 660'				
W115 10 628'				

8. WELL CONSTRUCTION

Depth Drilled 35 Feet Depth Cased 35 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>35</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>	<u>36.71</u>	<u>0250</u>	<u>0</u>	<u>35</u>

Perforations:

Type perforation Machine
 Size perforation 1/4"x2.5"x21 per ft.

From	To
<u>10</u> feet to	<u>35</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 0 feet to 35 feet

9. WATER LEVEL

Static water level _____ 11 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 8/26, 20 2008
 Date completed 9/22, 20 2008

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.			

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name ALLEN DRILLING INC.
(CONTRACTOR)

Address 4015 WEST TOMPKINS AVE.
(CONTRACTOR)
LAS VEGAS, NV 89103

Nevada contractor's license number issued by the State Contractor's Board 0018916 & 0018917

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2231

Signed Vitor Allen
 By driller performing actual drilling on site or contractor

Date September 30, 2008