

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. 106769
 Permit No. _____
 Basin 21a
 NOTICE OF INTENT NO. 33942

PRINT OR TYPE ONLY

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

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

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
<u>12-Dewater wells</u>				
<u>Silt</u>	<u>x</u>	<u>0</u>	<u>12'</u>	<u>12'</u>
<u>Silty-clay</u>	<u>x</u>	<u>12</u>	<u>30'</u>	<u>18'</u>
<u>Silty clay</u>		<u>30'</u>	<u>35'</u>	<u>5'</u>
<u>Wells 7-6-18</u>				
<u>WSG84</u>				
<u>N36 06 660'</u>				
<u>W115 10 628'</u>				

DCNR/DWR RECEIVED
 OCT 08 2008
LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 0 Feet 35 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 10 feet to 35 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 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:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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. LAS VEGAS, NV 89103
(CONTRACTOR)
 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