

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. 106774  
 Permit No. \_\_\_\_\_  
 Basin 212  
 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** 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
<b>12-Dewater wells</b>				
Silt	x	0	12'	12'
Silty-clay	x	12	30'	18'
Silty clay		30'	35'	5'
<b>wells 7-6-18</b>				
WSG84				
N36 06 660'				
W115 10 628'				

8. WELL CONSTRUCTION  
 Depth Drilled 35 Feet Depth Cased 35 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
24 Inches 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)
14	36.71	0.250	0	35

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.**  
(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 *Victor Allen*  
 By driller performing actual drilling on site or contractor  
 Date **September 30, 2008**

**DCNR/DWR RECEIVED**  
 OCT 08 2008  
**LAS VEGAS OFFICE**