

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. 106778
 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** Parcel No. **161-22-101-001** Subdivision Name **CLARK**

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 **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)
14	36.71	0250	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
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

DCNR/DWR RECEIVED
 OCT 08 2008
LAS VEGAS OFFICE

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**

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