

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. **106794**
 Permit No. **212**
 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**
 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** Issued by Water Resources
161-22-101-001 Parcel No.
CLARK 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
4-Dewater wells				
Silt	x	0	12'	12'
Silty-clay	x	12	25'	13
Wells 31 to 34				
DCNR/DWR RECEIVED				
OCT 08 2008				
LAS VEGAS OFFICE				
WSG84				
N36 06 660'				
W115 10 628'				

8. WELL CONSTRUCTION
 Depth Drilled **25** Feet Depth Cased **25** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **0** Feet **25** 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	25

Perforations:
 Type perforation **Machine**
 Size perforation **1/4"x2.5"x21 per ft.**
 From _____ feet to **25** 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 _____ feet to **25** feet

9. WATER LEVEL
 Static water level _____ **17** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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

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
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	