

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

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

106798
 OFFICE USE ONLY
 Log No. 106798
 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	Thickness
6-Dewater wells				
Silt	x	0	12'	12'
Silty-clay	x	12	35'	23
Silty-clay		35'	45'	10
wells 35 to 40				
WSG84				
N36 06 660'				
W115 10 628'				

8. WELL CONSTRUCTION

Depth Drilled 45 Feet Depth Cased 45 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>45</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>0.250</u>	<u>0</u>	<u>45</u>

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

From	To
<u>10</u> feet to	<u>45</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ 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 45 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 Victor Allen Estes
 By driller performing actual drilling on site or contractor
 Date September 30, 2008

DCNR/DWR RECEIVED
 OCT 08 2008
LAS VEGAS OFFICE