

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. **106801**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **33943**

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 **Las Vegas, NV**

2. LOCATION **NE 1/4 NE 1/4 Sec 22 T 21 S R 62 E** **CLARK** County
 PERMIT NO. **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
 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
3-Monitor wells				
Silt	x	0	12'	12
Silty clay	x	12	35'	23
Wells 41 to 43				
WSG84				
N36 06 660'				
W115 10 628'				

8. WELL CONSTRUCTION
 Depth Drilled **35** Feet Depth Cased **35** Feet
 HOLE DIAMETER (BIT SIZE)
 From **1 2** 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)
2	sch40 pvc		0	35

Perforations:
 Type perforation **Machine**
 Size perforation **slot .010**
 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 **9/4, 20 2008**
 Date completed **9/23, 20 2008**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATE

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Baifer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.		
	OCT 28 2008	

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