

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. 106806  
 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
<b>1-Monitor wells</b>				
Silt	X	0	24'	24'
Silty clay	X	24'	30'	6'
Silty clay	■	30'	45'	5'
<b>Well 46</b>				
WSG84				
N36 06 660'				
W115 10 628'				

8. WELL CONSTRUCTION  
 Depth Drilled 45 Feet Depth Cased 45 Feet

HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
1 2 Inches 0 Feet 45 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	45

Perforations:  
 Type perforation **Machine**  
 Size perforation **slot .010**

From \_\_\_\_\_ 10 feet to \_\_\_\_\_ 45 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 \_\_\_\_\_ 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 9/4, 20 2008  
 Date completed 9/23, 20 2008

7. WELL TEST DATE

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

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**