

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. **107157**  
 Permit No. \_\_\_\_\_  
 Basin **212**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **33959**

1. OWNER **CLARK COUNTY SANITATION** ADDRESS AT WELL LOCATION **5857 E FLAMINGO RD.**  
 MAILING ADDRESS **5857 E FLAMINGO RD.** **LAS VEGAS, NV 89122**

2. LOCATION **NW 1/4 NW 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>1-60' Monitoring wells</b>				
Silt		0	18	18'
Silt clay	xx	18	42	24'
Gray clay		42	46'	4'
Red silty clay		46'	60'	9'
<b>WGS84</b>				
<b>N36 06. 675'</b>				
<b>W115 02. 520'</b>				
<b>Facility ID# NV981628548</b>				

8. WELL CONSTRUCTION

Depth Drilled **60** Feet Depth Cased **60** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>2</b> Inches	<b>0</b> Feet <b>60</b> Feet
Inches	Feet Feet
Inches	Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation **1/4" machine cut**  
 Size perforation **1/4"**

From	To
<b>20</b> feet to <b>60</b> 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 **60** feet

**DCNR/DWR RECEIVED**  
 NOV 25 2008  
**LAS VEGAS OFFICE**

Date started **11/10, 20 2008**  
 Date completed **11/10, 20 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.			

9. WATER LEVEL  
 Static water level **54** 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.**  
(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 **ABDS2161**

Signed *[Signature]*  
 By driller performing actual drilling on site or contractor  
 Date **November 19, 2008**