

12 WELLS

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 107273
Permit No.
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 26708

1. OWNER CLARK COUNTY SANITATION ADDRESS AT WELL LOCATION
MAILING ADDRESS 5857 E. FLAMINGO RD.
LAS VEGAS, NEVADA
2. LOCATION 1/4 NW 1/4 Sec 22 T 21 N 62 E CLARK County
PERMIT NO. DW 1313 161-22-101-001 Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
4. PROPOSED USE dewater WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
N 36.11430				
W 115.04115				
N 36.11433				
W 115.04111				
N 36.11447				
W 115.04107				
N 36.11449				
W 115.04098				
N 36.11463				
W 115.04085				
N 36.11465				
W 115.04071				
N 36.11456				
W 115.04071				
N 36.11455				
W 115.04066				
N 36.11454				
W 115.04064				
N 36.11447				
W 115.04067				
N 36.11435				
W 115.04076				
N 36.11425				
W 115.04086				

8. WELL CONSTRUCTION
Depth Drilled.....Feet Depth Cased.....Feet
HOLE DIAMETER (BIT SIZE)
From To
Inches.....Feet.....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.....
Size perforation.....
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet
From.....feet to.....feet
Surface Seal: Yes No Seal Type:
Depth of Seal..... Neat Cement
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From.....feet to.....feet

DCR/DWR RECEIVED

DEC 10 2008

LAS VEGAS OFFICE

ALL TWELVE WELLS CASING EXTRACTED AND BACKFILLED WITH 10' CONCRETE EACH.

Date started SEPT. 23 2008
Date completed SEPT. 24 2008

7. WELL TEST DATA

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

9. WATER LEVEL
Static water level.....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 KELLEY DEWATERING & CONST. CO. Contractor
Address 5175 CLAY AVE WYOMING, WY 82008 Contractor
Nevada contractor's license number issued by the State Contractor's Board 50826
Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS 2149
Signed [Signature] By driller performing actual drilling on site or contractor
Date OCT 24, 2008