

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. 107276
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
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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
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				

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

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____

Placement Method: Pumped
 Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

Date started SEPT 23 2008
Date completed SEPT 24 2008

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 Contractor

WYOMING, MI 49548

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 ABOS 2149

Signed [Signature] By driller performing actual drilling on site or contractor

Date OCT 24, 2008