

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. 107281
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. R. 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
 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				

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:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Poured Cement Grout Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

DCNR/DWR RECEIVED

DEC 10 2008

LAS VEGAS OFFICE

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

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 Contractor
WYOMING, WY 84048
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 21, 2008