

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. 107282
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/S 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	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

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

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 KELEY 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

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			