COPIES TO
- DIVISION OF WATER RESOURCES
- CLIENT'S COPY
- WELL DRILLER'S COPY

PRINT OR TYPE ONLY

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 107509
Permit No.
Basin 212

NOTICE OF INTENT NO. 33935

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

ADDRESS AT WELL LOCATION 5857 E FLAMINGO RD.
LAS VEGAS, NV 89122

2. LOCATION NE ¼ NE ¼ Sec. 22 T 21 S R 62 E CLARK County

PERMIT NO. (Issued by Water Resources) | 161-22-101-001 (Parcel No.) | CLARK (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
Plug 14-Dewater wells				
Depth 40'				
Pulled casings and drilled				
out to depth.				
Filled with 2.5 yards of				
4000 grout into each well				
to surface.				
WGS84				
N36 06 705'				
W115 02 277'				

Date started 7/1, 20 2008
Date completed 7/9, 20 2008

7. WELL TEST DATE

TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Drawdown (Below Static)	Time (Hours)

DCNR/DWR RECEIVED
AUG 05 2008
LAS VEGAS OFFICE

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 ☐ Cement Grout
☐ Poured ☐ 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 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
By driller performing actual drilling on site or contractor
Date July 30, 2008

(Rev 12/01) USE ADDITIONAL SHEETS IF NECESSARY

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