

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **107512**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **33331**

PRINT OR TYPE ONLY

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

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 1/4 NE 1/4 Sec 22 T 21 S R 62 E** **CLARK** County
 PERMIT NO. **DW1239** **161-22-101-001**
Issued by Water Resources Parcel No.
CLARK Division 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 5-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'				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches Feet Feet Feet
 Inches Feet Feet Feet
 Inches Feet 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

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 _____

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

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)

7. WELL TEST DATE

TEST METHOD: Bailer Pump Air Lift

Draw Down (Foot Below Static)	Time (Hours)
0.5	
0.5	

RECEIVED
AUG 05 2008
LAS VEGAS OFFICE

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 *[Signature]*
 By driller performing actual drilling on site or contractor
 Date **July 30, 2008**