

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 107746
 Permit No. _____
 Basin 212

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. 33962

PRINT OR TYPE ONLY

1. OWNER **COUNTY OF CLARK (Aviation)**
 MAILING ADDRESS **PO Box 11005**
Las Vegas, NV 89111

ADDRESS AT WELL LOCATION **5757 Wayne Newton Blvd.**
Las Vegas, NV

2. LOCATION NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 35 T 21 S R 61 E **CLARK** County

PERMIT NO. **DW1276** **162-35-101-020** **CLARK**
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	Thick-ness
Plug 8-Dewater wells				
<u>Depth 50'</u>				
<u>Casing 8 5/8"</u>				
<u>Pulled casings and pumps</u>				
<u>Trimmie 4 yards of 9 sack cement grout from bottom to top of each well.</u>				
<u>N36 05. 158'</u>				
<u>W115 07. 782'</u>				

8. WELL CONSTRUCTION
 Depth Drilled 50 Feet Depth Cased 50 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 0 Feet 50 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>		<u>3/8</u>	<u>0</u>	<u>50</u>

Perforations:
 Type perforation **Machine**
 Size perforation **3/16**
 From 10 feet to 50 feet
 From _____ feet to _____ feet

DCNR/DWR RECEIVED
 MAR 30 2009
LAS VEGAS OFFICE

Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 0 feet to 50 feet

9. WATER LEVEL
 Static water level 22 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 12/11, 20 2008
 Date completed 2/6, 20 2009

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:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

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 **2231**
 Signed Victor Allen Estes
 By driller performing actual drilling on site or contractor
 Date **March 6, 2009**