

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. 107750  
 Permit No. \_\_\_\_\_  
 Basin 212

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **33965**

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

2. LOCATION **NW 1/4 NW 1/4 Sec 22 T 21 S R 62 E** **CLARK** County  
 PERMIT NO. **DW1272** **161-22-101-001** **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
<b>Plug 3-60' Dewater wells</b>				
<b>Depth 60'</b>				
<b>Casing 8 5/8"</b>				
<b>No access to pull casings</b>				
<b>Casings abandon in place.</b>				
<b>Trimmie 3 yards of 9 sack cement grout into each well to surface.</b>				
<b>WGS84</b>				
<b>N36 06. 671'</b>				
<b>W115 02. 515'</b>				

8. WELL CONSTRUCTION  
 Depth Drilled **60** Feet Depth Cased **60** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **0** Feet **60** 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 **1/4" machine cut**  
 Size perforation **1/4"**  
 From **20** feet to **60** 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 **0** feet to **60** feet

9. WATER LEVEL  
 Static water level **12** feet below land surface  
 Artesian flow **No** 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)

Date started **3/11, 20 09**  
 Date completed **3/16, 20 09**

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 **ABDS2388**  
 Signed \_\_\_\_\_  
By driller performing actual drilling on site or contractor  
 Date **April 3, 2009**

