

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. 108481
 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. 33994

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 Issued by Water Resources Parcel No. 161-22-101-001 Subdivision Name CLARK

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 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 1-60' Dewater wells				
Depth 60'				
Casing 8 5/8"				
No access to pull casings				
Casing abandon in place.				
Trimmie 2.5 yards of 9 sack cement grout to surface.				
WGS84				
N36 06. 672'				
W115 02. 445'				

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:
 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 0 feet to 60 feet

**DCNR/DWR
 RECEIVED**
 AUG 04 2009
LAS VEGAS OFFICE

9. WATER LEVEL

Static water level _____ 12 feet below land surface
 Artesian flow _____ No G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7/23, 20 09
 Date completed 7/23, 20 09

7. WELL TEST DATE

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

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 ABDS2388
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date July 23, 2009