

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. 109004
 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. **35001**

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. **DW1295** **161-22-101-001**
Issued by Water Resources Parcel No.

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 1-40' Dewater wells				
Depth 40'				
Casing 8 5/8"				
Pulled casing and pump				
Drilled out cuttings to bottom.				
Trimmie 2.0 yards of 9 sack cement grout to surface.				
WGS84				
N36 06. 665'				
W115 02. 440'				

8. WELL CONSTRUCTION

Depth Drilled **40** Feet Depth Cased **40** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24 Inches **0** Feet **40** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

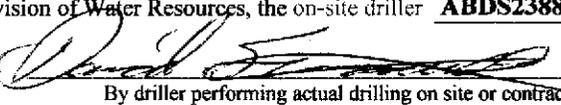
Perforations:
 Type perforation **1/4" machine cut**
 Size perforation **1/4"**
 From **20** feet to **40** feet
 From _____ feet to _____ feet

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 **40** 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)
 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 **September 21, 2009**

Date started **9/2, 20 09**
 Date completed **9/2, 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)	