

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. 109006  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_

WELL DRILLER'S REPORT

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. 35003

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

ADDRESS AT WELL LOCATION **CCWRD #567**  
**5857 East Flamingo Road, Las Vegas, NV**

2. LOCATION **NE 1/4 NE 1/4 Sec 22 T 21 S R 62 E** **CLARK** County  
 PERMIT NO. **DW1281** **161-22-101-001**

Issued by Water Resources Parcel No. Subdivision Name

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
<b>Plug 1-Dewater wells</b>				
<b>Depth 50'</b>				
<b>Pulled casing and drilled out to depth.</b>				
<b>Filled with 2.5 yards of 4000 grout to surface.</b>				
<b>WSG84</b>				
<b>N36 06 549'</b>				
<b>W115 02 473'</b>				

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
From _____	feet to _____	feet
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 \_\_\_\_\_

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

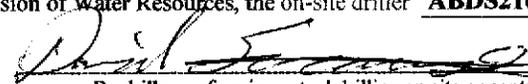
Name **ALLEN DRILLING INC.**  
 (CONTRACTOR)

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 **ABDS2161**

Signed   
 By driller performing actual drilling on site or contractor

Date **October 14, 2009**

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)	