

**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. 109011  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_

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**

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 30'</b>				
<b>Pulled casing and drilled out to depth.</b>				
<b>Filled with 1.5 yards of 4000 grout to surface.</b>				
<b>WSG84</b>				
<b>N36 06 590'</b>				
<b>W115 02 467'</b>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

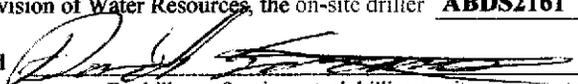
Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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. LAS VEGAS, NV 89103**  
(CONTRACTOR)  
 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**

Date started **9/29, 20 09**  
 Date completed **9/30, 20 09**

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift  
Draw Down (Feet Below Static)

G.P.M.	Time (Hours)