

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. 114532
 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. **35996**

1. OWNER **CLARK COUNTY WATER RECLAMATION** ADDRESS AT WELL LOCATION **CCWRD #643**
 MAILING ADDRESS **5857 E. FLAMINGO RD.** **Tropicana & Eastern Ave. (Public right away)**
LAS VEGAS, NV 89122

2. LOCATION **NW 1/4 NW 1/4 Sec 25 T 21 S R 61 E** **CLARK** County

PERMIT NO. **DW1309** / **62-25-199-001**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other **Dewater**

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 40' dewater wells				
Pull casing and filled hole with gravel to 10'. Cement from 10' to surface with 1 yard of 4000 sand slurry.				
WGS84				
N36 05. 59.39'				
W115 07.07.77'				
DCNR/DWR RECEIVED				
JUL 27 2011				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ 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 _____
 Size perforation _____

From	feet to	feet
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 _____ **dry** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **07/12, 20 11**
 Date completed **07/12, 20 11**

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.			

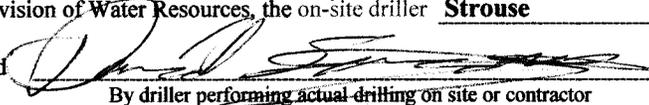
10. DRILLER'S CERTIFICATION

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 **ABDS2388-David**
 Division of Water Resources, the on-site driller **Strouse**

Signed 
 By driller performing actual drilling on site or contractor

Date **July 18, 2011**