

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. 114535
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 35996

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

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 162-25-199-001
 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 Monitor Stock
 Municipal/Industrial Air Other
 5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
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. 57.23'				
W115 07.07.82'				
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

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

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

9. WATER LEVEL

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

7. WELL TEST DATE

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

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 [Signature]
 By driller performing actual drilling on site or contractor
 Date July 18, 2011