

OFFICE USE ONLY
 Log No. **72664**
 Permit No. _____
 Basin **212**

PRINT OR TYPE ONLY

DO NOT WRITE ON BACK
 Please complete this form in its entirety in accordance with Nevada Administrative Code 534.170 and NAC 534.340

Aladdin Hotel + Casino
 1. OWNER **ADP MARSHALL/FLOUR DANIEL** ADDRESS AT WELL LOCATION **ALADDIN HOTEL & CASINO**
 MAILING ADDRESS **3667 LAS VEGAS BLVD. LAS VEGAS, NV 89109**

2. LOCATION $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. **21** T **21** N/S R **61** E **CLARK** County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. **162-21-201-001** Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other **Dewater**
 4. PROPOSED USE **dewater** WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
DEWATER WELL #8 of 22				
Aluvium		0	2	
Rock		2	11	
Cemented rock & aluvium mix		11	14	
Moist red clay		14	21	
Aluvium rock mix		21	25	
Fractured rock red clay mix		25	30	

8. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased **30** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24"** Inches To **0** Feet **30** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations: **MACHINE**
 Type perforation _____
 Size perforation **1/4" X 2 1/2"**
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **0** feet to **30** feet

9. WATER LEVEL
 Static water level **12** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature _____ °F Quality _____

Date started **7/15** 19 **98**
 Date completed **7/15** 19 **98**

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
ALLEN DRILLING INC.
 Name _____ Contractor
 Address **4847 S. VALLEY VIEW** Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number **18916**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1301**
 Division of Water Resources, the on-site driller:
 Signed _____
 By driller performing actual drilling on site or contractor
 Date _____