

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 5277

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5857 E FLAMINGO _____
LV NV 89102 _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 27 T. 20 S N/S R. 62 E CLARK County
 PERMIT NO. DW 1094 161-27-599-0021001 TROPICANA EAST 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 |
|-------------------------|--------------|------|----|------------|
| <u>CLEAN HOLES</u> | | | | |
| <u>OUT TO 14 FT AS</u> | | | | |
| <u>PER AGREEMENT</u> | | | | |
| <u>FILL WITH 5 SACK</u> | | | | |
| <u>CEMENT GROUT TO</u> | | | | |
| <u>BOTTOM OF TYPE 2</u> | | | | |
| <u>39 ABANDONED</u> | | | | |
| <u>16 EXCAVATED</u> | | | | |
| <u>55 total</u> | | | | |
| <u>AS PER MAP</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 Inches _____ Feet _____ 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:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 8 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 Donna Southwest Paving Contractor
 Address _____ Contractor

Date started 9-25, 1998
 Date completed 9-27, 1998

7. WELL TEST DATA

| 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) | |
| | | | |
| | | | |

Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1661
 Signed Donald K. Wall
 By driller performing actual drilling on site or contractor
 Date 10-31-98