

PRINT OR TYPE ONLY
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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. 5278

1. OWNER Clark County Sanitation ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 5857 E Flamingo

2. LOCATION NW 1/4 NE 1/4 Sec. 27 T. 21 S N/S R. 62 E CLARK County _____
PERMIT NO. DW 1094 161-27-599-001 TROPICANA EAST
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

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 | Thickness |
|--|--------------|------|----|-----------|
| <u>CLEAN out holes</u> | | | | |
| <u>AS PER AGREEMENT</u> | | | | |
| <u>FILL WITH 5 SACK CEMENT GROUT TO BOTTOM OF TYPE 2</u> | | | | |
| <u>44 ABANDONED</u> | | | | |
| <u>22 EXCAVATED OUT</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:
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 8 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 10-1, 1998
Date completed 1-25, 1999

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (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 _____ Contractor
Address _____ Contractor

Nevada contractor's license number issued by the State Contractor's Board 1661

Nevada driller's license number issued by the Division of Water Resources, the on-site driller _____

Signed Ornel Wall
By driller performing actual drilling on site or contractor
Date 2-9-99

