

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. **19660**

1. OWNER **AF CONSTRUCTION/PAUL FAULKNER** ADDRESS AT WELL LOCATION **CLARK CO. DETENTION CENTER 1ST & LEWIS LAS VEGAS, NV**  
 MAILING ADDRESS **3635 W. TRAIN AVE., #A LAS VEGAS, NV 89103**

2. LOCATION **SE 1/4 NW 1/4 Sec. 34 T 20 N/S R 61 E CLARK** County  
 PERMIT NO. **DW-1100A** **139-34-210.034** REGIONAL JUSTICE CENTER  
 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
<b>14 DEWATER WELLS</b>				
All 14 wells -				
Sandy clay		0'	7'	
Caliche		7	8	
Green Sandy Clay		8	20	
Caliche		20	25'	
Sandy Clay		25	30'	

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14"	36.7	.250	0'	30'

Perforations:  
 Type perforation **Machine slotted**  
 Size perforation **.250**  
 From **10** feet to **20** feet  
 From **10** feet to **20** 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 **30** feet to **0** feet

9. WATER LEVEL  
 Static water level **10'** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **12/22**, 19**99**  
 Date completed **12/28**, 19**99**

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.  
 Name **ALLEN DRILLING INC.**  
 Address **4847 S. VALLEY VIEW 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 **1301-7**  
 Division of Water Resources, the on-site driller:  
 Signed **David S. [Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **1-13-00**