

OFFICE USE ONLY
 Log No. **80333**
 Permit No. _____
 Basin **212**

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. **20664**

1. OWNER **CLARK COUNTY PARK & REC.** ADDRESS AT WELL LOCATION **NATURE CENTER**
 MAILING ADDRESS **500 S. GRAND CENTRAL PARKWAY** **7050 E. TROPICANA AVE. LAS VEGAS, NV**
LAS VEGAS, NV 89155 **2 Wells of 20**

2. LOCATION **1/4 Sec. 23 T 21 N/S R 62 E CLARK County**
 PERMIT NO. **DW1114** **161-23-301-002** **NATURE CENTER**
 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 |
|--------------------------|--------------|------|-----|-----------|
| 2 Dewater wells - | | | | |
| Silty mud | XX | 0' | 1' | 1' |
| Silty | XX | 1' | 20' | 19' |
| Gravel | XX | 20' | 22' | 2' |
| Silty Clay | XX | 22' | 30' | 8' |
| JUL 12 2000 | | | | |

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

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 14 | 36.71 | 1.250 | 0' | 30' |

Perforations: **Machine**
 Type perforation _____
 Size perforation **1/4" x 2 1/2" x 3 rows @ 13**
 From **15'** feet to **30'** 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 **30'**
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **1'** feet below land surface
 Artesian flow **No** G.P.M. _____ P.S.I. _____
 Water temperature _____ °F Quality _____

Date started **6/20/00**, 19____
 Date completed **6/20/00**, 19____

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.** Contractor
 Address **4847 S. VALLEY VIEW** Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board **18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2161**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **7-10-00**