

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. 43848

1. OWNER CLARK CO. SANITATION DISTRICT ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 5857 EAST FLAMMINGO RD. 5857 E. FLAMINGO RD.
LAS VEGAS, NV. 89112 LAS VEGAS, NV. 89112
2. LOCATION NW 1/4 NW 1/4 Sec. 23 22T 21 N 0 R 62 E CLARK County
PERMIT NO. DW-1130 206116122101001 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
4. D/W PROPOSED USE DEWATERING
 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>63 WELLS</u> | | | | |
| <u>BRN. SANDY CLAY</u> | | <u>0</u> | <u>12</u> | <u>12</u> |
| <u>CALICHE W/ SAND & GRAVEL LENSES</u> | <input checked="" type="checkbox"/> | <u>12</u> | <u>33</u> | <u>21</u> |
| <u>SOFT GRAY CLAY</u> | | <u>33</u> | <u>38</u> | |

8. WELL CONSTRUCTION
Depth Drilled 38 Feet Depth Cased 37 Feet
HOLE DIAMETER (BIT SIZE)
From 20 Inches To 38 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>12</u> | <u>33</u> | <u>.250</u> | <u>0</u> | <u>5</u> |

Perforations:
Type perforation LOUVERED
Size perforation .040
From 5 feet to 37 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 4' Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 4 feet to 38 feet
CLAY

9. WATER LEVEL
Static water level 5 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 KELLEY DEWATERING CONST. CO. Contractor
Address 5175 CLAY AVE. Contractor
WYOMING, MICH. 49548
Nevada contractor's license number issued by the State Contractor's Board 50826-C23
Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS-2149
Signed J. O. Ehor
By driller performing actual drilling on site or contractor
Date 5-2-01

Date started 2-16-01 19____
Date completed 4-26-01 19____

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|------------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift | <u>100</u> | <u>23</u> | <u>1</u> |

