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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. **24963**

1. OWNER **CLARK COUNTY SANITATION** ADDRESS AT WELL LOCATION **3837 E FLAMINGO RD LAS VEGAS, NV**
 MAILING ADDRESS **3837 E FLAMINGO RD LAS VEGAS, NV 89122-3307**
 2. LOCATION **SW 1/4 SW 1/4 Sec. 15 T 21 N/S R 62 E CLARK** County
 PERMIT NO. **DW1163** **161-15-401-002** **WESTERN SUMMIT**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other **DEWATER**
 4. PROPOSED USE **Dewater**
 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
SILT		0	8	8
SANDY SILT		8	30	22
18-DEWATER WELLS				
CONR/DWR RECEIVED SEP 25 2003 LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased **30** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12** Inches To **30** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14		1/4	0	30

Perforations: **MACHINE**
 Type perforation **1/8 x 3"**
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **0** feet to **30** feet

9. WATER LEVEL
 Static water level _____ 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.
ALLEN DRILLING INC.
 Name _____ Contractor
4915 WEST TOMPKINS AVE.
 Address _____ Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number **18917**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1301**
 Division of Water Resources, the on-site driller
 Signed *Allen Drilling Inc.*
 By driller performing actual drilling on site or contractor
 Date **9/22/03**

Date started **8/26/03** 20
 Date completed **9/5/03** 20

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)	