

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 98618
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 28399

1. OWNER CLARK COUNTY SANITATION ADDRESS AT WELL LOCATION 5857 E FLAMINGO RD.
 MAILING ADDRESS 5857 E FLAMINGO RD. LAS VEGAS, NV 89122

2. LOCATION NE 1/4 NW 1/4 Sec 22 T 21 S R 62 E CLARK County
 PERMIT NO. DW1179 161-22-101-001 Subdivision Name CLARK
Issued by Water Resources Parcel No.

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

4. PROPOSED USE D.W.
 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
Plug 1 Dewater wells				
Depth 40'				
We pulled on the casing and broke it free. Then filled casing w/23 sack cement slurry. The casing was retrieved by crane while introducing slurry at 5' intervals. The well depth was at 40' and was filled to top with 5 yards 23 sack slurry. static water level 7'. Cement inside the 14" casing and pump through 2" trimmie with grout.				
DCNR/DWR RECEIVED				
JAN 26 2006				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24 Inches 0 Feet 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>	<u>36.71</u>	<u>0.250</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5"x21 per ft.
 From 10 feet to 40 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 0 feet to 40 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.
 Name ALLEN DRILLING INC.
(CONTRACTOR)

Date started 12/8, 20 05
 Date completed 12/8, 20 05

7. WELL TEST DATE

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

Address 4015 WEST TOMPKINS AVE.
(CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board 0018916 & 0018917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1301
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1/8/06

Sluten