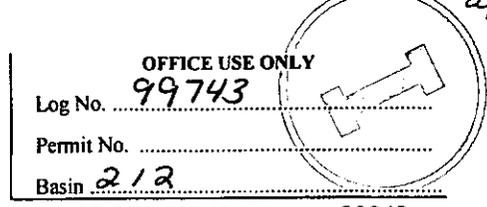


COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

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



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. 30048

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

ADDRESS AT WELL LOCATION **4150 S. HOLLYWOOD**

2. LOCATION **NW 1/4 NW 1/4 Sec 23 T 21 S R 62 E** **CLARK** County  
 PERMIT NO. **161-23-101-001**

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other

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>3-Monitor wells</b>				
Silt		0'	4'	4'
Green silty clay		4'	8'	4'
Green silty clay	xx	8'	14'	6'
Brown clay		14'	32'	18'
Stiff brown clay		32'	45'	13'
UCNR/DWR RECEIVED JUN 13 2006 LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled **45** Feet Depth Cased **45** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24"** Inches To **0** Feet **45** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation **Machine**  
 Size perforation \_\_\_\_\_  
 From **10** feet to **45** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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 **45** feet

9. WATER LEVEL  
 Static water level \_\_\_\_\_ **8** 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)  
 Address **4015 WEST TOMPKINS AVE**  
 (CONTRACTOR)  
**LAS VEGAS, NV 89103**  
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2161**  
 Signed *David...*  
 By driller performing actual drilling on site or contractor  
 Date **6/7/06**

Date started **5/30, 20 06**  
 Date completed **5/31, 20 06**

7. WELL TEST DATE

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)	