

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. **102216**
 Permit No. **212**
 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. **30801**

1. OWNER **CITY OF CLARK (PK & COMM SERV)** ADDRESS AT WELL LOCATION **1020 BROADBENT BLVD.**
 MAILING ADDRESS **500 S GRAND CENTRAL PKWY** **Whitney List Station Rehabilitation**
LAS VEGAS, NV 89155

2. LOCATION **NW 1/4 SE 1/4 Sec 26 T 21 S R 62 E** **CLARK** County

PERMIT NO. **161-26-701-001**
 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	Thick-ness
4-Dewater wells				
Sandy gravel & rock		0	7'	7'
sandy gravel & rock	xx	7'	28'	21'
caliche		28'	30'	2'
brown clay		30'	36'	6'
caliche		36'	37'	1'
red silty clay		37'	50'	13'

8. WELL CONSTRUCTION
 Depth Drilled **50** Feet Depth Cased **50** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **0** Feet **50** 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 **1/4"x2.5" long 16 around**
 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 **50** feet

9. WATER LEVEL
 Static water level _____ **7** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **1/2 . 20 07**
 Date completed **1/3 . 20 07**

7. WELL TEST DATE

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	Time (Hours)

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 
 By driller performing actual drilling on site or contractor
 Date **1/12/2007**