WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 103397
Permit No.
Basin 212

NOTICE OF INTENT NO. 26710

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

ADDRESS AT WELL LOCATION 5857 E. FLAMINGO RD.
LAS VEGAS, NEVADA 89122

2. LOCATION ¼ NW ¼ Sec. 22 T. 21 N/S R. 62 E. CLARK County
PERMIT NO. DW 1208 Issued by Water Resources | 161-22-101-001 Parcel No. | Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE
☒ DEWATERING ☐ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☒ Other BUCKET

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
10 WELLS				
EXTRACTED CASINGS FILLED				
BOREHOLE FROM -10' TO				
GROUND SURFACE W/ CONCRETE				

DCNR/DWR RECEIVED AUG 21 2007 LAS VEGAS OFFICE

Date started JULY 26, 2007, 19
Date completed JULY 26, 2007, 19

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	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
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ 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 KELLEY DEWATERING Contractor
Address 5175 CLAY Contractor
WYOMING, MI. 49548
Nevada contractor's license number issued by the State Contractor's Board 50826
Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS 2149
Signed ____ By driller performing actual drilling on site or contractor
Date 8-4-07

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627