

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. 106802
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 33943

PRINT OR TYPE ONLY

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

1. OWNER **CLARK COUNTY SANITATION** ADDRESS AT WELL LOCATION **CCWRD #567**
 MAILING ADDRESS **5857 E FLAMINGO RD.** **5857 East Flamingo Road, Las Vegas, NV**
LAS VEGAS, NV 89122 **Las Vegas, NV**

2. LOCATION NE 1/4 NE 1/4 Sec 22 T 21 S R 62 E **CLARK** County

PERMIT NO. 161-22-101-001 Issued by Water Resources Parcel No. _____ Subdivision Name **CLARK**

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 **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
3-Monitor wells				
Silt	x	0	12'	12
Silty clay	x	12	35'	23
Wells 41 to 43				
WSG84				
N36 06 660'				
W115 10 628'				

8. WELL CONSTRUCTION
 Depth Drilled 35 Feet Depth Cased 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From 2 Inches To 0 Feet 35 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>sch40 pvc</u>		<u>0</u>	<u>35</u>

Perforations:
 Type perforation **Machine**
 Size perforation **slot .010**
 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 _____ feet to _____ feet 35 feet

9. WATER LEVEL
 Static water level _____ 11 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9/4, 20 2008
 Date completed 9/23, 20 2008

7. WELL TEST DATA
 TEST METHOD: Draw Down Air Lift
 G.P.M. _____ (Feet Below Static) _____ Time (Hours) _____
OCT 28 2008
LAS VEGAS OFFICE

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 **0018916 & 0018917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2231**
 Signed *Vito Allen Este*
 By driller performing actual drilling on site or contractor
 Date **September 30, 2008**