

12 WELLS

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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 107274
Permit No. _____
Basin. 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 26708

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

2. LOCATION $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 22 T. 21 N/S R. 62 E CLARK County
PERMIT NO. DW 1313 Issued by Water Resources Parcel No. 161-22-101-001 Subdivision Name _____

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

4. PROPOSED USE dewater 5. WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
1 N 36.11430				
W 115.04115				
2 N 36.11433				
W 115.04111				
3 N 36.11447				
W 115.04107				
4 N 36.11449				
W 115.04098				
5 N 36.11463				
W 115.04085				
6 N 36.11465				
W 115.04071				
7 N 36.11455				
W 115.04066				
8 N 36.11454				
W 115.04064				
9 N 36.11447				
W 115.04067				
10 N 36.11435				
W 115.04076				
11 N 36.11425				
W 115.04086				

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

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No

From _____ feet to _____ feet

DCN/DWR RECEIVED

DEC 10 2008

LAS VEGAS OFFICE

ALL TWELVE WELLS CASING EXTRACTED AND BACKFILLED WITH 10' CONCRETE EXH.

Date started SEPT 23, 2008
Date completed SEPT 24, 2008

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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 & CONST. CO. Contractor

Address 5175 CLAY AVE Contractor

WYOMING, WY 84548

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 ABOS 2149

Signed [Signature] By driller performing actual drilling on site or contractor

Date OCT 21, 2008