

COPIES TO  
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STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. **107493**  
 Permit No. \_\_\_\_\_  
 Basin **212**  
 NOTICE OF INTENT NO. **33333**

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**  
 MAILING ADDRESS **5857 E FLAMINGO RD.** **5857 E. Flamingo Rd.**  
**LAS VEGAS, NV 89122** **Las Vegas, NV**

2. LOCATION **NW 1/4 NW 1/4 Sec 22 T 21 S R 62 E** **CLARK** County  
 PERMIT NO. \_\_\_\_\_ **161-22-101-001** Subdivision Name **CLARK**  
Issued by Water Resources Parcel No.

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 Strats	From	To	Thick-ness
<b>Plug 4-Monitor wells</b>				
<b>Depth 40'</b>				
<b>Pulled out casing and filled w/ 2 yards of W171 slurry to surface.</b>				
<b>WGS84</b>				
<b>N36 06. 672'</b>				
<b>W115 02. 388'</b>				
<b>Facility ID# NV0021261</b>				

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ 2 Inches \_\_\_\_\_ 0 Feet \_\_\_\_\_ 40 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2</b>	<b>sch40 pvc</b>		<b>0</b>	<b>40</b>

Perforations:  
 Type perforation **Machine**  
 Size perforation **.04 slot**  
 From \_\_\_\_\_ 10 feet to \_\_\_\_\_ 40 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 \_\_\_\_\_ 40 feet

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

Date started **8/15, 20 08**  
 Date completed **8/15, 20 08**

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down	Time (Hours)
	<b>DN/DWR</b>	
	<b>RECEIVED</b>	
	<b>SEP 19 2008</b>	
	<b>LAS VEGAS OFFICE</b>	

Name **ALLEN DRILLING INC.**  
 Address **4015 WEST TOMPKINS AVE.**  
**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 **1301**  
 Signed *Fred B. Allen*  
 By driller performing actual drilling on site or contractor  
 Date **August 19, 2008**