

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY  
 Log No. **110262**  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_

WELL DRILLER'S REPORT

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. **35009**

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**

2. LOCATION **NE 1/4 NE 1/4 Sec 22 T 21 S R 62 E** **CLARK** County  
 PERMIT NO. **DW1281** **161-22-101-001**  
Issued by Water Resources Parcel No. Subdivision Name

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 Strata	From	To	Thick-ness
<b>Plug 1-Dewater wells</b>				
<b>Depth 40'</b>				
<b>Pulled casing and drilled out to depth.</b>				
<b>Filled with 1.5 yards of 4000 grout to surface.</b>				
<b>WSG84</b>				
<b>N36 06 581'</b>				
<b>W115 02 514'</b>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	To	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: \_\_\_\_\_  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  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 **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 **ABDS2161**

Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date **January 15, 2010**

Date started **12/14, 20 09**  
 Date completed **12/15, 20 09**

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift

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

**DCNR/DWR RECEIVED**  
**JAN 27 2010**  
**LAS VEGAS OFFICE**