

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. **110264**
 Permit No. _____
 Basin _____

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
Plug 1-Dewater wells				
Depth 40'				
Pulled casing and drilled out to depth.				
Filled with 1.5 yards of 4000 grout to surface.				
WSG84				
N36 06 565'				
W115 02 500'				

CNR/DWR RECEIVED
 JAN 27 2010
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ 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 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

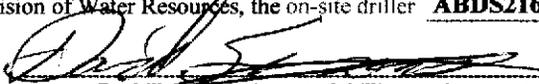
This well was drilled under my supervision and the report is true to the best of my knowledge.

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:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.			