

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. 110993
 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. 35023

1. OWNER **CLARK COUNTY**
 MAILING ADDRESS **500 S. Grand Central Pkwy 3rd Floor**
LAS VEGAS, NV
 ADDRESS AT WELL LOCATION **Flamingo Wash Flood Channel**
Eastern Avenue and Twain Avenue, Las Vegas, NV

2. LOCATION **SE 1/4 NW 1/4 Sec 13 T 21 S R 61 E** **CLARK** County

PERMIT NO. **DW1302** **162-13-296-003** **CLARK**
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other **Dewater**
 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
1-40' Dewater well				
Silt		0'	13	13
Rock, gravel, sand	x	13	17	4
Silty clay		17	24	7
Rock, gravel, sanc clay	x	24	28	4
		28	40	12
WGS84				
N36 07. 368				
W115 07. 008				
APR 13 2010				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24 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)
14	37	1/4	0	40'

Perforations:
 Type perforation **Machine**
 Size perforation **1/8**
 From 20 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 13 feet below land surface
 Artesian flow No 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)

Date started 3/11, 20 10
 Date completed 3/15, 20 10

7. WELL TEST DATE

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

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 Vitor Este
 By driller performing actual drilling on site or contractor
 Date **April 8, 2010**