

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. 114533  
 Permit No. \_\_\_\_\_  
 Basin 212

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. 35996

PRINT OR TYPE ONLY

1. OWNER **CLARK COUNTY WATER RECLAMATION** ADDRESS AT WELL LOCATION **CCWRD #643**  
 MAILING ADDRESS **5857 E. FLAMINGO RD.** **Tropicana & Eastern Ave. (Public right away)**  
**LAS VEGAS, NV 89122**

2. LOCATION NW 1/4 NW 1/4 Sec 25 T 21 S R 61 E **CLARK** County

PERMIT NO. **DW1309** 162-25-199-001  
 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Plug 1 40' dewater wells				
Pull casing and filled hole with gravel to 10'. Cement from 10' to surface with 1 yard of 4000 sand slurry.				
WGS84				
N36 05. 55.71'				
W115 07.07.76'				
<b>DCNR/DWR RECEIVED</b>				
<b>JUL 27 2011</b>				
<b>LAS VEGAS OFFICE</b>				

8. WELL CONSTRUCTION

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

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 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 \_\_\_\_\_ **dry** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M \_\_\_\_\_ P.S.I  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 07/12, 20 11  
 Date completed 07/12, 20 11

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.			

10. DRILLER'S CERTIFICATION

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

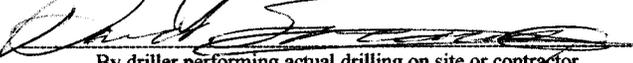
Name **ALLEN DRILLING INC.**  
 (CONTRACTOR)

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 **ABDS2388-David**  
 Division of Water Resources, the on-site driller **Strouse**

Signed   
 By driller performing actual drilling on site or contractor

Date **July 18, 2011**