

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 5277

1. OWNER CLARK County Sanitation ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 5857 E FLAMINGO _____
LV NV 89102 _____
 2. LOCATION N³ 1/4 NE 1/4 Sec 27 T 28 S N/S R 62 E CLARK County
 PERMIT NO. DW 1094 161-27-599-002401 TROPICANA EAST
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 |
|-------------------------|--------------|------|----|------------|
| <u>CLEAN HOLES</u> | | | | |
| <u>OUT TO 14 FT AS</u> | | | | |
| <u>PER AGREEMENT</u> | | | | |
| <u>FILL WITH 5 SACK</u> | | | | |
| <u>CEMENT GROUT TO</u> | | | | |
| <u>BOTTOM OF TYPE 2</u> | | | | |
| <u>39 ABANDONED</u> | | | | |
| <u>16 EXCAVATED</u> | | | | |
| <u>55 total</u> | | | | |
| <u>AS PER MAP</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 Inches _____ Feet _____ 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
 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 8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9-25 1998
 Date completed 9-27 1998

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Donal Southwest Paving Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1661
 Signed Donal South
 By driller performing actual drilling on site or contractor
 Date 10-31-98