WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 84038
Permit No.
Basin 212

NOTICE OF INTENT NO. 22121

1. OWNER CLARK COUNTY SANITATION DISTRICT
MAILING ADDRESS 5857 E. FLAMINGO RD.
LAS VEGAS, NV 89122

ADDRESS AT WELL LOCATION 5857 E. FLAMINGO RD.
LAS VEGAS, NV 89122

2. LOCATION NW ¼ NW ¼ Sec. 22 T. 21 N/S R. 62 E. CLARK County
PERMIT NO. DW-1127 (Issued by Water Resources) 161-22-101-001 (Parcel No.) CCSD Primary - Project 23 (Subdivision Name)

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE Dewater
☐ Domestic ☐ Irrigation ☐ Test
XX Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Abandon 5-40' Dewater wells. Drilled out to 25'. Pulled casings and filled with 4.5 yards of 9 sack cement grout each.				

Date started July 13, 2001, 19
Date completed July 13, 2001, 19

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
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
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ 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 4847 S. VALLEY VIEW (Contractor)
LAS VEGAS, NV 89103
Nevada contractor's license number, issued by the State Contractor's Board 18917
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1376
Signed ____ (By driller performing actual drilling on site or contractor)
Date July 30, 2001

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O) 627

MMC