COPIES TO
- DIVISION OF WATER RESOURCES
- CLIENT'S COPY
- WELL DRILLER'S COPY

PRINT OR TYPE ONLY

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. 97561
Permit No.
Basin 212

NOTICE OF INTENT NO. 29457

1. OWNER COUNTY OF CLARK (UMC)
MAILING ADDRESS 1800 W CHARLESTON BLVD
LAS VEGAS, NV 89102
ADDRESS AT WELL LOCATION 1800 W CHARLESTON BLVD

2. LOCATION SW ¼ SW ¼ Sec 33 T 20 S R 61 E CLARK County

PERMIT NO. DW1194 (Issued by Water Resources) | 139-33-405-001 (Parcel No.) | Subdivision Name

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

4. PROPOSED USE Dewater DSB
☐ 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 3-Dewater wells				
Depth 40'				
Pull and clean out				
Filled with 3.0 yards of 9				
sack sand cement slurry.				

DCNR/DWR
RECEIVED
SEP 29 2005
LAS VEGAS OFFICE

Date started 9/20, 20 05
Date completed 9/20, 20 05

7. WELL TEST DATE

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
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 Machine
Size perforation 1/4"x2.5 x 21 per ft.
From 20 feet to 40 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 0 feet to 40 feet

9. WATER LEVEL
Static water level 12 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 18916 & 18917
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2231
Signed [signature]
By driller performing actual drilling on site or contractor
Date 9/26/05

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