

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. 104441  
 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. 31372

PRINT OR TYPE ONLY

1. OWNER CITY OF HENDERSON  
 MAILING ADDRESS 240 WATER ST. POB 95050  
HENDERSON, NV 89009  
 ADDRESS AT WELL LOCATION 1650 E GALLERIA DR.  
HENDERSON, NV

2. LOCATION SE 1/4 SE 1/4 Sec 29 T 21 S R 63 E CLARK County  
 PERMIT NO. 162-29-801-003  
 Issued by Water Resources 160 Parcel No. \_\_\_\_\_

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
Plug 24-Monitor well				
Depth 16' 12" bore hole				
Dirt/small gravel some Drilled out wells and plugged with neat cement and bentonite mixed to 4%, from bottom to surface.		0	16'	
WGS84 N36 05. 218 W114 57. 520				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Inches	Feet
From _____	To _____	From _____	To _____
From _____	To _____	From _____	To _____
From _____	To _____	From _____	To _____

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 Seal Type:  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 11/7, 20 07  
 Date completed 11/13, 20 07

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift  
 Draw Down (Feet Below Static) \_\_\_\_\_ Time (Hours) \_\_\_\_\_  
 G.P.M. \_\_\_\_\_

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 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 MPDEW2343  
 Signed Timothy Wiley  
 By driller performing actual drilling on site or contractor  
 Date 12/3/07

DCNR/DWR  
 RECEIVED  
 DEC 6 2007

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