

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. 104454
 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 ADDRESS AT WELL LOCATION 1650 E GALLERIA DR.
 MAILING ADDRESS 240 WATER ST. POB 95050 HENDERSON, NV
HENDERSON, NV 89009

2. LOCATION SE 1/4 SE 1/4 Sec 29 T 21 S R 63 E CLARK County
 PERMIT NO. 162-29-801-003

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 Issued by Water Resources 162-29-801-003 Paragon
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____
 Subdivision Name _____

6. LITHOLOGIC LOG

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

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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

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.	Time (Hours)
_____	_____
_____	_____
_____	_____

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 16 2007
LAS VEGAS OFFICE

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