

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 108613
 Permit No. _____
 Basin _____

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **33993**

1. OWNER **Perini Building Company Inc.** ADDRESS AT WELL LOCATION **Duck Creek Wash-Paradise**
 MAILING ADDRESS **360 E. Coronado** **sw corner of Patrick Lane and Green Valley Pkwy**
Phoenix, AZ 85004-1524 **Henderson, NV**

2. LOCATION **NE 1/4 SE 1/4 Sec 31 T 21 S R 62 E** **CLARK** County

PERMIT NO. **DW1294** **161-31-702-024**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
1-40' Dewater well				
Brown silty dirt		0	4'	4'
Gray silt	XX	4'	34'	30'
Tan clay		34'	40'	6'
WGSS4				
N36. 04. 593'				
W115 05. 037'				

8. WELL CONSTRUCTION

Depth Drilled **0** Feet Depth Cased **40** 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)
14"		1/4"	0	40

Perforations:
 Type perforation **machine cut**
 Size perforation **1/4"**

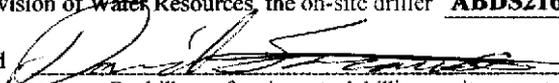
From	To
20 feet to	40 feet
_____ feet to _____ feet	_____ feet to _____ feet
_____ feet to _____ feet	_____ feet to _____ feet
_____ feet to _____ feet	_____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **0** feet to **40** feet

9. WATER LEVEL
 Static water level **4** 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 **0018916 & 0018917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2161**

Signed 
 By driller performing actual drilling on site or contractor
 Date **August 17, 2009**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)

Date started **July 22, 20 09**
 Date completed **July 22, 20 09**

DCNR/DWR RECEIVED
AUG 21 2009
LAS VEGAS OFFICE