

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. **112254**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **64234**

PRINT OR TYPE ONLY

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

1. OWNER **COUNTY OF CLARK** ADDRESS AT WELL LOCATION **Wetland Park Nature Center**
 MAILING ADDRESS **500 S. Grand Central Pkwy** **7050 Wetland Park Lane**
LAS VEGAS, NV 89155 **Las Vegas, NV**
 2. LOCATION **NE 1/4 NW 1/4 Sec 26 T 21 S R 62 E** **CLARK** County
 PERMIT NO. **DW1305** **161-26-101-008**
 Issued by Water Resources Parcel No. Subdivision Name

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 **auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
I-Dewatering wells				
Silt		0	2'	2'
Silty clay	xx	2'	40'	38'
WGS84				
N36 06.011'				
W115 01.394'				
DCNR/DWR RECEIVED				
NOV 12 2010				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches To **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	36.71	0250	0	40

Perforations:
 Type perforation **Machine**
 Size perforation **1/4"x2.5"x21 per ft.**
 From **20** feet to **40** feet
 From _____ feet to _____ feet

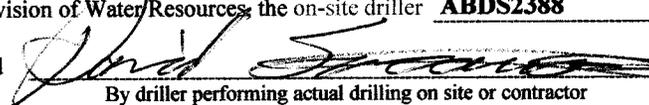
Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **0** feet to **40** feet

9. WATER LEVEL
 Static water level _____ **2'** feet below land surface
 Artesian flow **no** G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **10/14**, 20 **10**
 Date completed **10/14**, 20 **10**

7. WELL TEST DATE

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

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 **ABDS2388**
 Signed 
 By driller performing actual drilling on site or contractor
 Date **October 29, 2010**