

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. 114981
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 36015

PRINT OR TYPE ONLY

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

1. OWNER City of Henderson ADDRESS AT WELL LOCATION W. Galleria Drive
 MAILING ADDRESS 240 Water Street Henderson, NV
Henderson, NV 89102

2. LOCATION NW 1/4 SW 1/4 Sec 33 T 21 S R 62 E CLARK County
 PERMIT NO. DW1324 161-33-301-004 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
<u>All wells were inadvertently located where the new drainline was to be placed. Therefore casing was pulled, others excavated down to 20' & installed concrete reinforced drainpipe & backfilled to surface as per Engineer's design. No well left to plug.</u>				
<u>WGS 84</u>				
<u>N36 04. 504'</u>				
<u>W115 03. 748'</u>				
DCNR/DWR RECEIVED				
<u>MAR 22 2012</u>				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24 Inches 0 Feet 20 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14"</u>		<u>1/4"</u>	<u>0</u>	<u>20</u>

Perforations:
 Type perforation Machine
 Size perforation .020
 From _____ 10 feet to _____ 20 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 _____ 20 feet

9. WATER LEVEL
 Static water level _____ 6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started _____ 3/1, 20 12
 Date completed _____ 3/2, 20 12

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 1301-Fred Allen
 Division of Water Resources, the on-site driller III

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date March 20, 2012

7. WELL TEST DATE

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