

OFFICE USE ONLY
 Log No. 66509
 Permit No. _____
 Basin. 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. MO 771

1. OWNER City of Henderson ADDRESS AT WELL LOCATION WR-5
 MAILING ADDRESS 1240 Water Street
HENDERSON NV 89015
 2. LOCATION NW 1/4 NE 1/4 Sec. 4 T 22 N 62 E Clark County
 PERMIT NO. M0771 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
AC-Base		0	1	1
Gravelly Sand		1	3	2
Cemented Sand and Gravel		3	4	1
Gypsum		4	5	1
Gravelly Sand of Gypsum		5	8	3
Cemented Sand and Gravel		8	13	5
Silty Clay		13	15	2

8. WELL CONSTRUCTION
 Depth Drilled 15 Feet Depth Cased 15 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 Inches _____ Feet 15 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>Sch 40</u>	<u>0</u>	<u>15</u>

Perforations:
 Type perforation _____
 Size perforation 0.10
 From 5 feet to 15 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 3 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 4 feet to 15 feet

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 Western Technologies Inc.
 Address 3611 West Tompkins Avenue
Las Vegas, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board NA
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 761
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 4-25-94

Date started 4/14 19 94
 Date completed 4/16 19 94

7. WELL TEST DATA

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