

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

OFFICE USE ONLY
 Log No. 66513
 Permit No. 212
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. MO 221

1. OWNER City of Henderson ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 240 Water Street
Henderson NV 89015

2. LOCATION SW 1/4 SW 1/4 Sec 4 T 22 N 62 E Clark County
 PERMIT NO. MO 221 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
AC-Base		0	1	1
Clayey Sand		1	2	1
Silty Sand		2	7 1/2	5 1/2
Sandy Clay		7 1/2	9	1 1/2
Silty Sand		9	10 1/2	1 1/2
Interbedded clayey sand and silty clay		10 1/2	20	9 1/2

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 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>2</u>		<u>Sch 40</u>	<u>0</u>	<u>20</u>

Perforations:
 Type perforation _____
 Size perforation 1 1/2
 From 1 1/2 feet to 4 feet
 From 10 feet to 12 1/2 feet
 From 17 1/2 feet to 20 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 1' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 1 feet to 20 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.

Date started 4/4 1994
 Date completed 4/6 1994

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			

Name _____ Contractor
 Address Western Technologies Inc.
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 M1761

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 4-25-94