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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. MO771

1. OWNER City of Henderson ADDRESS AT WELL LOCATION FR-7
 MAILING ADDRESS 450 Water Street
1st floor room 112 89015
 2. LOCATION SW 1/4 SE 1/4 Sec 5 T 22 N R 62 E County
 PERMIT NO. MO771 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 9.9.9.9

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
AC-Base		0	1	1
Gravelly sand		1	2	1
Caliche		2	3	1
Int-a-balled clayey sand and silty clay		3	8	5
Clayey sandy gravel		8	13	5

8. WELL CONSTRUCTION
 Depth Drilled 13 Feet Depth Cased 13 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 13 Feet
 Inches Feet
 Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>Sch 40</u>	<u>0</u>	<u>13</u>

Perforations:
 Type perforation
 Size perforation .010
 From 3 feet to 13 feet
 From feet to feet
 From feet to feet
 From feet to feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 2
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 2 feet to 13 feet

9. WATER LEVEL
 Static water level 3 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 221761
 Signed [Signature]
 By driller performing actual drilling on site of contractor
 Date 4/25/94

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			