

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

OFFICE USE ONLY
 Log No. **80310**
 Permit No. _____
 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. **20673**

1. OWNER **TURNBERRY PAVILLION PARTNERS** ADDRESS AT WELL LOCATION **2777 PARADISE RD.**
 MAILING ADDRESS **2777 PARADISE RD.** LAS VEGAS, NV 89109 **9 WELLS**
 2. LOCATION **NE 1/4 SE 1/4 Sec 9 T 21 N/S R 61 E CLARK** County
 PERMIT NO. **DW1119** 162-09-602-006 TOWER II
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other **Dewater**
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Test Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
9-50' DEWATER WELLS				
Fill		0'	2'	
Caliche		2'	4'	
Clay, silt, brown-dry		4'	12'	
Clay, sand & gravel-wet		12'	22'	
Brown clay-dry		22'	27'	
Brown clay sand with gravel		27'	29'	
Caliche		29'	35'	
Clay, sand & gravel-wet		35'	45'	
Sandy silt		45'	50'	

8. WELL CONSTRUCTION
 Depth Drilled **50'** Feet Depth Cased **50'** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
 Inches Feet 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	1.250	0	50

Perforations: MACHINE
 Type perforation _____
 Size perforation **1/4" x 2 1/2" x 3 rows @ 13**
 From **10** feet to **50** feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level **14'** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature _____ °F Quality _____

Date started **6/22**
 Date completed **7/16**

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
ALLEN DRILLING INC.
 Name _____ Contractor
 Address **4847 S. VALLEY VIEW** Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number **18917** issued by the State Contractor's Board
 Nevada driller's license number issued by the **ABDS2161** Division of Water Resources, the on-site driller.
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **7-13-00**