

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. 105 016
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 31395

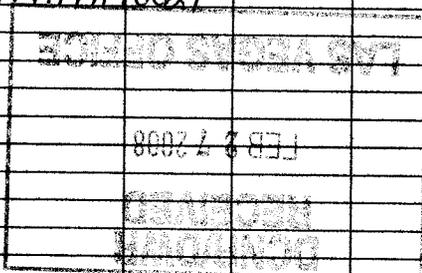
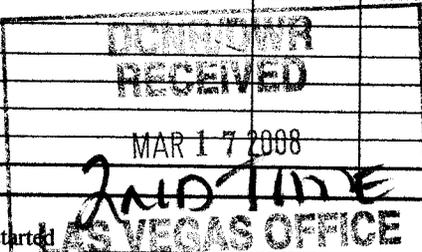
1. OWNER **CITY OF HENDERSON**
 MAILING ADDRESS **240 WATER ST. POB 95050 HENDERSON, NV 89009**
 ADDRESS AT WELL LOCATION **1650 E GALLERIA DR. HENDERSON, NV**

2. LOCATION **SE 1/4 SE 1/4 Sec 29 T 21 S R 63 E** **CLARK** County
 PERMIT NO. **162-29-801-003**

Issued by Water Resources **160** 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	Thick-ness
2-Monitor wells				
Depth 56'				
Dirt, rock		0	15	15
Sandy silt		15	35	20
Silty clay		35	50	15
Sand, silt, rock		50	56	6
<i>WGS84</i>				
<i>N36 05.218</i>				
<i>W114. 57. 520</i>				
<i>Facility ID - NV1141190024</i>				
				
				

8. WELL CONSTRUCTION

Depth Drilled **56** Feet Depth Cased **56** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **56** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4	4	sch40	0	56

Perforations:
 Type perforation **Machine**
 Size perforation **.010**
 From _____ **41** feet to _____ **56** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **5'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ **38** feet to _____ **56** feet

9. WATER LEVEL

Static water level _____ **50** 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 **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 Division of Water Resources, the on-site driller **2231**

Signed *Victor Allen*
 By driller performing actual drilling on site or contractor

Date **February 8, 2008**

7. WELL TEST DATE

TEST METHOD: Bailor Pump Air Lift
 Draw Down
 G.P.M. _____ (Feet Below Static) _____ Time (Hours) _____
FEB 27 2008
LAS VEGAS OFFICE