

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 105-947
 Permit No. _____
 Basin 212

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. 33317

PRINT OR TYPE ONLY

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. 160-29-801-003

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	Thick-ness
1 monitor well				
Depth 32'				
Casing 3/4"				
Rock, sand,silt		0	20'	
Dry yellow clay		20	30'	
Rock sand		30	32'	
LFG# 12				
<u>WGS 84</u>				
<u>N36° 05' 218'</u>				
<u>W114° 57' 520'</u>				

8. WELL CONSTRUCTION
 Depth Drilled 32 Feet Depth Cased 32 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches 0 Feet 32 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>3/4</u>		<u>sch80</u>	<u>0</u>	<u>32</u>

Perforations:
 Type perforation Machine
 Size perforation .010
 From _____ 6 feet to _____ 32 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 _____ 6 feet to _____ 32 feet

9. WATER LEVEL
 Static water level _____ n/a 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)

Date started 5/5, 20 08
 Date completed 5/22, 20 08

7. WELL TEST DATE

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

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 ABDS2161
 Signed Vital Allen
 By driller performing actual drilling on site or contractor
 Date June 19, 2008