

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. 114473
 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. 35999

1. OWNER COUNTY OF CLARK ADDRESS AT WELL LOCATION Wetland Park Nature Center
 MAILING ADDRESS 500 S. Grand Central Pkwy 7050 Wetland Park Lane
LAS VEGAS, NV 89155 Las Vegas, NV

2. LOCATION NE 1/4 NW 1/4 Sec 26 T 21 S R 62 E CLARK County

PERMIT NO. DW1305 161-26-101-008
 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
Plug 1-Dewatering wells				
Pulled pump & casing				
Trimmie 1.5 yards of				
9 sack cement grout into well to surface.				
WGS84				
N36 06. 023'				
W115 01. 256'				
DCNR/DWR RECEIVED				
AUG 15 2011				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 0 Feet 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>	<u>36.71</u>	<u>0.250</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5"x21 per ft.
 From 20 feet to 40 feet
 From _____ feet to _____ feet

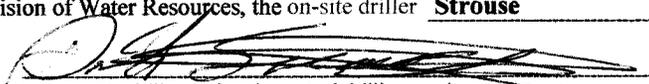
Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 0 feet to 40 feet

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

Date started 7/29, 20 11
 Date completed 8/1, 20 11

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)	

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 0018916 & 0018917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS2161-David Strouse
 Signed 
 By driller performing actual drilling on site or contractor
 Date August 11, 2011