

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

OFFICE USE ONLY
Log No. 104766
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. 34984

1. OWNER Valley Health System LLC
MAILING ADDRESS 641 Kingsbury Ln
Las Vegas NV 89106

ADDRESS AT WELL LOCATION W#1, W#2, W#3, W#4 (4 Wells)
641 Kingsbury Ave. LN
Subdivision Name: _____ County: Clark

2. LOCATION NW ¼ SW ¼ Sec 33 T 20 N 61 R 61 E Latitude N 36°16676 UTM E NAD 27
PERMIT/WAIVER No. DW-1257 Parcel No. 139-33-303-019 Longitude W 115°16553 N NAD 83/WGS 84

Issued by Water Resources

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE DeWater
 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
Brown Sandy clay w/ Sand and Gravel		0	9	
Hard Caliche w/ Layers of soft	10	9	39	
Uncemented Caliche				
Brown Gray Clay		39	45	
(4-8" Temo DeWatering Wells)				

9. WELL CONSTRUCTION

Depth Drilled 43 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12.5"</u> Inches	<u>0</u> Feet <u>43</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8.5"</u>		<u>Sch 40 PVC</u>	<u>0</u>	<u>11.5</u>

Perforations:

Type of perforation Factory Slotted
Size of perforation 0.04

From 11.5 feet to 40 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 10 to 43 Pumped Poured
Type: 6-9 Colorado

Bentonite Chips: Yes No 0 to 10 Pumped Poured
Type: 3/8 Chips

Date started: 14-Dec, 20 07
Date completed: 14-Dec, 20 07

7. Water Level
Static water level: 10' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump 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 WDC Exploration & Wells
Contractor

Address 570 Corinthian Way
Contractor

Las Vegas, NV 89030

Nevada contractor's license number issued by the State Contractor's Board 0012852

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2057

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 12/26/2007