

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

OFFICE USE ONLY
Log No. 164767
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 6 R 61 E
PERMIT/WAIVER No. DW-1257 139-33-303-019
Issued by Water Resources Parcel No. _____

Latitude N 36°16676 UTM E NAD 27
Longitude W 115°16553 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE Drinking Water
 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 Uncemented Caleche	10	9	39	
Brown Gray Clay		39	45	
(4-8" Temo DeWatering Wells)				
DENR/DWR RECEIVED				
FEB 01 2008				
LAS VEGAS OFFICE				

9. WELL CONSTRUCTION

Depth Drilled	43	Feet	Depth Cased	40	Feet
HOLE DIAMETER (BIT SIZE)					
From		To			
12.5"	Inches	0	Feet	43	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
8.5"		Sch 40 PVC	0	11.5	

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: <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 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

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY