

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

OFFICE USE ONLY  
Log No. 104769  
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. 3498

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 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 Domestic  
 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 Caliche | 10           | 9    | 39 |            |
| Brown Gray Clay                                   |              | 39   | 45 |            |
| (4-8" Temo DeWatering Wells)                      |              |      |    |            |

9. WELL CONSTRUCTION

|               |           |      |             |           |      |
|---------------|-----------|------|-------------|-----------|------|
| Depth Drilled | <u>43</u> | Feet | Depth Cased | <u>40</u> | 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                     | Size of perforation |
|---|---------------------|
| <u>Factory Slotted</u>                  | <u>0.04</u>         |
| From <u>11.5</u> feet to <u>40</u> feet |                     |
| From _____ feet to _____ feet           |                     |
| From _____ feet to _____ feet           |                     |
| From _____ feet to _____ feet           |                     |

Annular Seal:  Yes  No

|   |                |                                 |                                 |
|---|----------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Neat Cement          | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Cement Grout         | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout       | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |
| <input type="checkbox"/> ≥30% Bentonite Grout | _____ to _____ | <input type="checkbox"/> Pumped | <input type="checkbox"/> Poured |

Gravel Pack:  Yes  No 10 to 43  Pumped  Poured  
Type: 6-8 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:  | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|--------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift |        |                               |              |
|   |        |                               |              |
|   |        |                               |              |
|   |        |                               |              |

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 either performing actual drilling on site or contractor  
Date 12/26/2007

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY