

WELL DRILLER'S REPORT

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. 10551

1. OWNER KITCHELL Contractors
MAILING ADDRESS 707 E. HIGHLAND
PHOENIX, AZ 85016

ADDRESS AT WELL LOCATION
Valley Hospital
620 Hudson Ave

2. LOCATION ALD 1/4 Sec 33 T 20 N 3 R 61 E County CLARK

PERMIT NO. MD-2097

Parcel No.

Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recondition
 Other

4. Domestic
 Municipal/Industrial

PROPOSED USE
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Drill out 6-inch PVC casing w/ 3 7/8-inch torsons bit.</u>				
<u>hole backfilled to surface w/ cement grout</u>				

RECEIVED
DEC 24 1992
DIVISION OF WATER RESOURCES
STATE OF NEVADA

8. WELL CONSTRUCTION
Depth Drilled W/A Feet
Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>W/A</u>				

Performances:
Type perforation _____ W/A
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 30' Near Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 9.5 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 Tim Allen - Western Technologies Inc
Address 3611 W. Tompkins Ave
Las Vegas, NV 89107
Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller W1761
Signed _____
By driller performing actual drilling of well or contractor
Date 12-23-92

Date started 12/22 1992
Date completed 12/22 1992

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) _____ Time (Hours) _____
W/A