WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. ~~75677~~ 75867
Permit No.
Basin 212

NOTICE OF INTENT NO. 18516

1. OWNER Valley Health System Limited Liability
MAILING ADDRESS 620 Shadow Lane
Las Vegas, NV 89106

ADDRESS AT WELL LOCATION 647 Kingsbury Lane

2. LOCATION NW 1/4 SW 1/4 Sec. 33 T T20S N/S R R61E E Clark County
PERMIT NO. (Issued by Water Resources) | 139-33-303-024 (Parcel No.) | MW-1 (Subdivision Name)

3. **WORK PERFORMED**
[X] New Well [ ] Replace [ ] Recondition
[ ] Deepen [ ] Abandon [ ] Other

4. **PROPOSED USE**
[ ] Domestic [ ] Irrigation [ ] Test
[ ] Municipal/Industrial [X] Monitor [ ] Stock

5. **WELL TYPE**
[ ] Cable [ ] Rotary [ ] RVC
[ ] Air [X] Other Auger

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thickness
Silt with gravel		0	3	3
Silt with clay		3	22	19

Date started 4/28/1999, 19__
Date completed 4/28/1999, 19__

7. **WELL TEST DATA**
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. **WELL CONSTRUCTION**
Depth Drilled 22 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
8	Inches	0	Feet	22	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.154	0	20

Perforations:
Type perforation Factory slot
Size perforation 0.020
From 5 feet to 20 feet
From ___ feet to ___ feet
From ___ feet to ___ feet
From ___ feet to ___ feet
From ___ feet to ___ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal 0-1'/1-3' Bentonite
Placement Method: [ ] Pumped [X] Poured
Seal Type: [ ] Neat Cement [ ] Cement Grout [X] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From 3 feet to 22 feet

9. **WATER LEVEL**
Static water level 12 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 Thomas High c/o Converse Consultants (Contractor)
Address 731 Pilot Road, Suite H (Contractor)
Las Vegas, NV 89119
Nevada contractor's license number issued by the State Contractor's Board 48947
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1869
Signed ___ (By driller performing actual drilling on-site or contractor)
Date 6/28/1999

USE ADDITIONAL SHEETS IF NECESSARY