

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

OFFICE USE ONLY
Log No. 104768
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 ADDRESS AT WELL LOCATION W#1, W#2, W#3, W#4 (4 Wells)
MAILING ADDRESS 641 Kingsbury Ln Las Vegas NV 89106 Subdivision Name: 641 Kingsbury AVE. LN
County: Clark

2. LOCATION NW 1/4 SW 1/4 Sec 33 T 20 N 61 R 61 E Latitude N 36°16676 UTM E NAD 27
PERMIT/WAIVER No. DW-1257 139-33-303-019 Longitude W 115°16553 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE DeWater
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor Other

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 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 _____
Inches _____	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	feet to	feet
<u>11.5</u>	<u>40</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annular Seal: Yes No

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

DGWR/DWR
RECEIVED

FEB 01 2008

LAS VEGAS OFFICE

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY