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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 9794

1. OWNER Columbia Sunrise Hospital INCORP ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION SE 1/4 S.W. 1/4 Sec 10 T. 21 N. R. 61 E. Clark County _____
 PERMIT NO. MO-2751 Issued by Water Resources Parcel No. 162-10-803-006-002 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other None

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>2" ASPHALT</u>		<u>0</u>	<u>2"</u>	<u>2"</u>
<u>FILL SOIL</u>		<u>2"</u>	<u>1 1/2'</u>	<u>1 1/4"</u>
<u>FILL GRAVEL</u>		<u>1 1/2'</u>	<u>7'</u>	<u>5 1/2'</u>
<u>CLAY SAND</u>	<u>7-12'</u>	<u>7'</u>	<u>12'</u>	<u>5'</u>
<u>LENERSED SAND</u>		<u>12'</u>	<u>15'</u>	<u>3'</u>
<u>SANDY CLAY</u>		<u>15'</u>	<u>17'</u>	<u>2'</u>

8. WELL CONSTRUCTION
 Depth Drilled 17 Feet Depth Cased 16 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10" Inches To 1 1/2" Inches
 From 0 Feet To 1 1/2' Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>40</u>	<u>PVC</u>	<u>0</u>	<u>16'</u>

Perforations:
 Type perforation SLATED
 Size perforation .020
 From 6' feet to 16' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 2 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 4' feet to 16' feet

9. WATER LEVEL
 Static water level 8' 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.

Date started 9-27 1996
 Date completed 9-27 1996

7. 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			

Name _____ Contractor
 Address _____ 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 M1761
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-31-96

