

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 16884
 ADDRESS AT WELL LOCATION 1825 E Lake Mead Blvd.

1. OWNER Lake Mead Hospital Medical Center
 MAILING ADDRESS 1409 E. Lake Mead Blvd. NW, NV 89030

2. LOCATION NW 1/4 SE 1/4 Sec. 23 T. 20 N/S R. 61 E Clark County
 PERMIT NO. 139-23-21-004 Issued by Water Resources Parcel No. _____ 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
asphalt		0	25	25'
fill		25	4'	325'
sandy clay		4'	8.5'	4.5'
clay		8.5'	12.5'	4'
organics		12.5'	14.5'	2'
clay		14.5'	17'	2.5'
clay w/ calciche		17'	22'	5'
clay (mw-7)		22'	30'	8'

8. WELL CONSTRUCTION
 Depth Drilled 30.5 Feet Depth Cased 27.8 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 30.5 Feet
6 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>			<u>0</u>	<u>27.8</u>

Perforations:
 Type perforation stuffed
 Size perforation 0.010
 From 15.1 feet to 27.8 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 7.3 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 22.1 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11-4-98, 19____
 Date completed 11, 19____

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input checked="" 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 _____ 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 _____

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date _____