

PRINT OR TYPE ONLY  
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WELL DRILLER'S REPORT *M*

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

NOTICE OF INTENT NO. 16883  
 ADDRESS AT WELL LOCATION: 1911 N. McDaniel St. NV, NV

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

2. LOCATION NW 1/4 SE 1/4 Sec 23 T 20 N/S R 61 E Clark County  
 PERMIT NO. 139-23-701-005 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'
Clay		25	5	4.75'
Sandy clay		5	16	11'
Caliche		16	20	4'
Clay		20	28	8'
(MW-5)				

8. WELL CONSTRUCTION  
 Depth Drilled 27-71 Feet Depth Cased 27-31 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 6 Inches To 28 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>			<u>0</u>	<u>28</u>

Perforations:  
 Type perforation slotted  
 Size perforation 0.010  
 From 12-71 feet to 27-31 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 4.5  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 19.5 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 10-2-98 19\_\_\_\_  
 Date completed 11 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailor  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 \_\_\_\_\_ 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 \_\_\_\_\_