

PRINT OR TYPE ONLY  
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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. 16883  
 ADDRESS AT WELL LOCATION: 1825 E. Lake Mead Blvd.

1. OWNER Lake Mead Hospital Medical Center  
 MAILING ADDRESS 1409 E. Lake Mead Blvd.  
NLV, NV 89030  
 2. LOCATION NW 1/4 SE 23 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	Thick-ness
asphalt		0	0.25'	0.25'
Clay		0.25'	7.5'	7.25'
Clay/caliche		7.5'	19'	11.5'
Clay		19'	27.5'	8.5'
(MW-3)				

8. WELL CONSTRUCTION  
 Depth Drilled 27.5 Feet Depth Cased 27.2 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 6 Inches To 27.5' 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>27.2'</u>

Perforations:  
 Type perforation slotted  
 Size perforation 0.010  
 From 0.25' feet to 27.2' feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Depth of Seal 8'  Cement Grout  
 Placement Method:  Pumped  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level: 19.2' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 10-1-98, 19\_\_\_\_\_  
 Date completed \_\_\_\_\_, 19\_\_\_\_\_

7. WELL TEST DATA

TEST METHOD: <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 \_\_\_\_\_