

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. 16883

1. OWNER Lake Mead Hospital Medical Center
 MAILING ADDRESS 1409 E. Lake Mead Blvd. NV, NV 89030
 ADDRESS AT WELL LOCATION 1825 E. Lake Mead Blvd.
 2. LOCATION NW 1/4 SE 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'	10'	9.75'
Silty clay		10'	16'	6'
Caliche		16'	19'	3'
Clay w/ caliche		19'	28'	9'
(MW-1)				

8. WELL CONSTRUCTION
 Depth Drilled 27.8 Feet Depth Cased 27.5 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 28 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>28</u>

Perforations:
 Type perforation slotted
 Size perforation 0.010
 From 12.5 feet to 27.5 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 3.5' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 10-1-98 19____
 Date completed 11 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level 20.9 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.
 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 _____