

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. 9465

1. OWNER Clark County School District ADDRESS AT WELL LOCATION West side of 28th
 MAILING ADDRESS 1700 Galleria Blvd 500 feet south of
Henderson NV 89014 Stewart
 2. LOCATION NW 1/4 SW 1/4 Sec 36 T 20 S N/S R 61 E Clark County
 PERMIT NO. MO-2112 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Asphalt</u>		<u>0</u>	<u>1.5</u>	<u>.5</u>
<u>Gravel Fill</u>		<u>1.5</u>	<u>1</u>	<u>.5</u>
<u>rust-brown</u>				
<u>Silty Clay</u>		<u>1</u>	<u>5</u>	<u>4</u>
<u>brn-rust</u>				
<u>Fine Sandy Clay</u>		<u>5</u>	<u>7</u>	<u>2</u>
<u>dk brown</u>				
<u>Clayey Fine Sand</u>	<u>8</u>	<u>7</u>	<u>20</u>	<u>13</u>
<u>tan</u>				
<u>Sandy Clay</u>		<u>20</u>	<u>25</u>	<u>5</u>
<u>brown</u>				

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8 Inches 0 Feet 25 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>Schedule 40 PVC</u>		<u>0</u>	<u>25</u>

Perforations:
 Type perforation Commercially Slotted
 Size perforation 0.020
 From 5 feet to 25 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 2-3 Bentonite 1-3 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 3 feet to 25 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.
 Name Richard LeBlanc Contractor
 Address Converse Consultants Contractor
4670 S. Polaris LV NV 89103
 Nevada contractor's license number issued by the State Contractor's Board NA
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1589-T1
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date _____

Date started 12/19, 19 91
 Date completed 12/12, 19 91

7. WELL TEST DATA

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

RECEIVED
 FEB 11 1992
 Div. of Water Resources
 Branch Office - Las Vegas, NV