

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 37016
 Permit No. 220
 Basin 220

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 9448

1. OWNER GRANT Bowler elem. School ADDRESS AT WELL LOCATION Grant Bowler elem.
 MAILING ADDRESS c/o Kleinfelder - St. George 1425 WIPPLE AV.
1425 WIPPLE AV. Logansdale, W.V.
 2. LOCATION NW 1/4 NW 1/4 Sec. 26 T. 15 N. R. 67 E. Clark. County
 PERMIT NO. MO-2139 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 Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPHALT		0	.5	.5
Fill (Type 2)		.5	2	1.5
Silty Sand		2	9	7.0
Silty Sand w/clay		9	12	3.0
Sandy silt w/gravel		12	19	7.0
gravelly sand & cobbles.		19	79	60.0
I.D. = 79'				

8. WELL CONSTRUCTION
 Depth Drilled 79' Feet Depth Cased 79' Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 79' 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>.7 lbs</u>	<u>Sch. 40</u>	<u>0</u>	<u>79'</u>

Perforations:
 Type perforation Factory slotted
 Size perforation 0.020
 From 54 feet to 74 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0.50/50.52 Feet Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured w/ Bent.
 Gravel Packed: Yes No
 From 52 feet to 79 feet

9. WATER LEVEL
 Static water level 60 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started MARCH 25, 1992
 Date completed MARCH 25, 1992

7. WELL TEST DATA

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)	

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 4670 S. Polaris Contractor
LAS VEGAS, NV. 89103
 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 M1817
 Signed R. LeBlanc
 By driller performing actual drilling on site or contractor
 Date 4.6.92

RECEIVED
 APR 16 1992
 Div. of Water Resources
 Branch Office - Las Vegas, NV