

OFFICE USE ONLY
 Log No. **65823**
 Permit No. _____
 Basin **212**

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. **10755**

1. OWNER **CLARK COUNTY SCHOOL DISTRICT** ADDRESS AT WELL LOCATION **4499 S. ARVILLE ST. LAS VEGAS, NV**
 MAILING ADDRESS **1700 GALLERIA, BLDG C HENDERSON, NEVADA 89014**

2. LOCATION **SE 1/4 NW 1/4 Sec. 19 T. 21 S. R. 61 E. CLARK** County

PERMIT NO. **MO 2292** 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	Thickness
ASPHALT		0	.5	.5
FILL		.5	1.5	1.0
CLAY W/ SILT		1.5	8.0	6.5
CLAY W/ GRAVEL		8.0	13.5	5.5
SAND W/ GRAVEL		13.5	15.0	1.5
CALICHE		15.0	18.0	3.0
CLAY W/ SILT		18.0	27.0	9.0
CLAY W/ SAND		27.0	40.0	13.0

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **40** Feet

HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **40** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	0.70	SCH 40	0	40

Perforations:
 Type perforation **FACTORY SLOTTED**
 Size perforation **0.20**
 From **10** feet to **40** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **8'-0"** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **8** feet to **40** feet

RECEIVED
 JUL 26 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started **6/21**, 19**93**
 Date completed **6/21**, 19**93**

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **19.0** 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/CONVERSE CONSULT.**
 Address **4670 S POLARIS AVE LAS VEGAS, NEVADA 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, this site driller **M1817**
 Signed **R. LeBlanc**
 By driller performing actual drilling on site or contractor
 Date **7-20-93**