

WELL DRILLER'S REPORT

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

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

OFFICE USE ONLY  
 Log No. **65830**  
 Permit No. **212**  
 Basin **212**

NOTICE OF INTENT NO. **10758**

1. OWNER **CLARK COUNTY SHERIFF DISTRICT** ADDRESS AT WELL LOCATION **4499 S ARVILLE ST**  
 MAILING ADDRESS **1700 GALERIA BLDG C** **LAS VEGAS NV,**  
**HENDERSON, NV 89014**  
 2. LOCATION **SE 1/4 NW 1/4 Sec 19 T 21 N6R 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	Thick-ness
ASPHALT FILL		0	0.5	0.5
		0.5	1.5	1.0
CLAY W/ GRAVEL		1.5	5.5	4.0
CALICHE		5.5	9.5	4.0
CLAY W/ SAND		9.5	28.0	8.5
CLAY		28.0	40.0	12.0

ABANDONED TEMPORARY MONITORING WELL  
 CASING PULLED  
 HOLE SEALED W/ 10 SACK SLURRY  
 RECEIVED  
 JUL 26 1993

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **8** Inches To **40** Feet  
 From **0** Feet To **40** Feet  
 From **0** Feet To **40** Feet

CASING SCHEDULE

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

Perforations:  
 Type perforation **FACTORY SLOTTED**  
 Size perforation **0.020**  
 From **10** feet to **40** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No  
 Depth of Seal **8'-0" 40'-0"**  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **8** feet to **40** feet

9. WATER LEVEL  
 Static water level **11.5** 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 CONSULTANTS**  
**4670** Contractor  
 Address **4760 S POLARIS AVE**  
**LAS VEGAS NEVADA 89103** 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 **M1817**  
 Signed **R. LeBlanc**  
 By driller performing actual drilling on site or contractor  
 Date **7-20-93**

7. WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

Date started **6/15**, 19**93**  
 Date completed **6/15**, 19**93**  
 Div. of Water Resources