

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

OFFICE USE ONLY
 Log No. 66394
 Permit No. _____
 Basin. 212

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. 11003

1. OWNER Clark County School District ADDRESS AT WELL LOCATION Las Vegas High School
 MAILING ADDRESS P.O. Box 98551 SE Corner of Lewis Avenue and Ninth Street
Las Vegas, Nevada 89193-8551

2. LOCATION NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec. 34 T. 20 N 61 E. Clark County
 PERMIT NO. MO-2170 Las Vegas High School
Issued by Water Resources Parcel No. Subdivision Name

3. MW-1 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
Silty Gravel		0	4.5	4.5
Silty Clay		4.5	6.0	1.5
Caliche		6.0	7.5	1.5
Sandy Clay	X	7.5	10.5	3.0
Caliche		10.5	13.0	2.5
Clay	X	13.0	17.0	4.0
Caliche		17.0	18.0	1.0
Clay	X	18.0	19.0	1.0
Caliche		19.0	22.0	3.0
Clay	X	22.0	24.0	2.0
Caliche		24.0	25.0	1.0

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 5-25 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 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)
4"	Sch. 40		0	25

Perforations:
 Type perforation factory 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 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 4 feet to 25 feet

9. WATER LEVEL
 Static water level 4.0 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality non-potable

Date started July 7, 1992
 Date completed July 7, 1992

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Kleinfelder, Inc./Mark Ducharme Contractor
 Address 6850 S. Paradise Road Contractor
Las Vegas, Nevada 89119
 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 M1591
 Signed Mark Ducharme
 By driller performing actual drilling on site or contractor
 Date 7-6-92

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