WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

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

OFFICE USE ONLY
Log No. 75973
Permit No.
Basin 212

NOTICE OF INTENT NO. 18522

1. OWNER Clark County School District
MAILING ADDRESS 1700 Galleria Drive, Building C
Henderson, NV 89014

ADDRESS AT WELL LOCATION Monroe Robinson Eastern Satellite Facility (located in 28th Street)

2. LOCATION NE 1/4 SW 1/4 Sec. 36 T T20S N/S R R61E E Clark County
PERMIT NO. MO-2242 Issued by Water Resources | 139-36-303-001 Parcel No. | MW-12 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
Plugged 4-inch well with neat cement/bentonite grout. Well was drilled/installed on December 9, 1991 under NOI #9466				

Date started 4/30/1999 , 19__
Date completed 4/30/1999 , 19__

7. **WELL TEST DATA**
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. **WELL CONSTRUCTION**
Depth Drilled ____ Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☒ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☒ No
From ____ feet to ____ feet

9. **WATER LEVEL**
Static water level ____ 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 Thomas High c/o Converse Consultants
Contractor
Address 731 Pilot Road, Suite H
Contractor
Las Vegas, NV 89119
Nevada contractor's license number issued by the State Contractor's Board 48947
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1869
Signed
By driller performing actual drilling on-site or contractor
Date 6/28/99

USE ADDITIONAL SHEETS IF NECESSARY