

OFFICE USE ONLY  
 Log No. 37949  
 Permit No. 1  
 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. **23108**  
**1776 E. OGDEN AVE.**

1. OWNER **CLARK COUNTY SCHOOL DISTRICT**  
 MAILING ADDRESS **4828 PEARL STREET**  
**LAS VEGAS, NV 89121**  
 ADDRESS AT WELL LOCATION **LAS VEGAS, NV (HOLLINGWORTH ES)**

2. LOCATION **SE NE 35 20 61 E CLARK** County  
**DW1150** 1/4 Sec. **139-35-710-001** N/S R. **61** E. **CLARK** County  
 PERMIT NO. **DW1150** Issued by Water Resources Parcel No. **139-35-710-001** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other **Dewater**

4. PROPOSED USE **Dewater** WELL TYPE  
 Domestic  Irrigation  Test  Cable  Rotary  RVC  
 Municipal/Industrial  Monitor  Stock  Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>26-30' Dewater wells</b>				
<b>TOP SOIL</b>		<b>0</b>	<b>5</b>	
<b>CALICHE</b>		<b>5</b>	<b>6</b>	
<b>BROWN CLAY/ROCK</b>		<b>6</b>	<b>30</b>	

8. WELL CONSTRUCTION  
 Depth Drilled **30'** Feet Depth Cased **30'** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24"** Inches To **0** Feet **30** Feet  
 Inches Feet Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>14</b>	<b>36.71</b>	<b>1.250</b>	<b>0</b>	<b>30</b>

Perforations: **Machine Perforate**  
 Type perforation **1/4" x 2 1/2" x 3 rows @ 13'**  
 Size perforation **10** feet to **30** feet  
 From feet to feet  
 From feet to feet  
 From feet to feet  
 From feet to feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal  
 Placement Method:  Pumped  Poured  
 Gravel Pack:  Yes  No **30**  
 From feet to feet

9. WATER LEVEL  
 Static water level **11'** feet below land surface  
 Artesian flow **11'** G.P.M. P.S.I.  
 Water temperature °F Quality

Date started **8/21/02**, 20  
 Date completed **9/3/02**, 20

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 **ALLEN DRILLING INC.**  
 Address **4847 S. VALLEY VIEW**  
**LAS VEGAS, NV 89103**  
 Nevada contractor's license number issued by the State Contractor's Board **18917**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1301 T-1**  
 Signed *[Signature]*  
 By driller performing actual drilling on site or contractor  
 Date **10/3/02**