

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

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. 92565  
 Permit No. \_\_\_\_\_  
 Basin 212  
 NOTICE OF INTENT NO. 26186

PRINT OR TYPE ONLY

1. OWNER **CLARK COUNTY SCHOOL DISTRICT** ADDRESS AT WELL LOCATION **315 S. SEVENTH STREET**  
 MAILING ADDRESS **2832 EAST FLAMINGO ROAD** **LAS VEGAS, NV 89101**

2. LOCATION **NE 1/4 SE 1/4 Sec 34 T 20 S R 61 E** **CLARK** County  
 PERMIT NO. **DW1173** **139-34-710-039**  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other **Dewater**  
 4. PROPOSED USE **Dewater**  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
2-40' Dewater wells				
Fill dirt		0'	4'	4'
Caliche		4'	7'	3'
White silty clay	X	7'	18'	11'
Caliche		18'	19'	1'
White clay		19'	34'	15'
Silty brown clay	X	34'	40'	6'

8. WELL CONSTRUCTION

Depth Drilled **40** Feet Depth Cased **40** Feet

HOLE DIAMETER (BIT SIZE)

From	To
<b>24</b> Inches	<b>0</b> Feet <b>40</b> 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 **Machine**  
 Size perforation **1/4"**

From	To
<b>0</b> feet to <b>40</b> feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ feet to _____ feet	
_____ feet to _____ feet	

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

9. WATER LEVEL

Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **3/11, 20 04**  
 Date completed **3/11, 20 04**

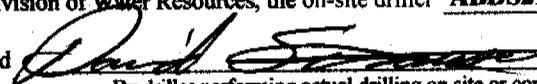
7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift

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

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**  
(CONTRACTOR)  
 Address **4015 WEST TOMPKINS AVE**  
(CONTRACTOR)  
**LAS VEGAS, NV 89103**  
 Nevada contractor's license number issued by the State Contractor's Board **0018916 & 0018917**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2161**

Signed   
 By driller performing actual drilling on site or contractor  
 Date **3/23/04**