

OFFICE USE ONLY
 Log No. **65828**
 Permit No. _____
 Basin **212**

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 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. **10750**

1. OWNER **CLARK COUNTY SCHOOL DISTRICT** ADDRESS AT WELL LOCATION **4499 S ARVILLE ST LAS VEGAS, NV**
 MAILING ADDRESS **1700 GALLERIA, BLDG C HENDERSON, NV 89014**
 2. LOCATION **SE 1/4 NW 1/4 Sec. 19 T. 21 N. R. 6 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		0	5	5
FILL		5	15	10
CLAY W/ SAND		15	45	30
CALICHE		45	70	25
CLAY W/ SAND & GRAVEL		70	85	15
CALICHE		85	180	95
CLAY		180	400	220

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **40** Feet
 _____ 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)
2"	0.70	SEE 40	0	40

 Perforations:
 Type perforation **FACTORY SLOTTED**
 Size perforation **0.020**
 From **10** feet to **40** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal **8'-0"** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **8** feet to **40** feet
 9. WATER LEVEL
 Static water level **19.5** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

RECEIVED
 JUL 26 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started **6/16, 1993**
 Date completed **6/16, 1993**

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 **RICHARD LEBLANC / COLLEGE CONSULTANTS** Contractor
 Address **470 S POLARIS AVE LAS VEGAS, NV 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, on-site driller **M1817**
 Signed **R. LeBlanc**
 By driller performing actual drilling on site or contractor
 Date **7-20-93**