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

PRINT OR TYPE ONLY

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. 96774
Permit No.
Basin 212

NOTICE OF INTENT NO. 27408

1. OWNER CLARK COUNTY SCHOOL DISTRICT
MAILING ADDRESS 2832 EAST FLAMINGO ROAD
LAS VEGAS, NV 89101

ADDRESS AT WELL LOCATION 315 S. SEVENTH STREET
LAS VEGAS, NV 89101

2. LOCATION NE ¼ SE ¼ Sec 34 T 20 S R 61 E CLARK County

PERMIT NO. (Issued by Water Resources) | Parcel No. 139-34-710-039 | Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE Dewater
☐ Domestic ☐ Irrigation ☐ Test
☒ Municipal/Industrial ☐ Monitor ☐ Stock

WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Plug 4-40' Dewater wells				
Pulled pumps and cemented casing in place. Trimmie 2.25 yards of sand and cement slurry to top of wells.				

DCNR/DWR RECEIVED MAY 23 2005 LASVEGASOFFICE

Date started 4/20, 20 05
Date completed 4/20, 20 05

7. WELL TEST DATE

TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ 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 Seal Type:
Depth of Seal ☐ Neat Cement
Placement Method: ☐ Pumped ☐ Cement Grout
☐ Poured ☐ 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 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 1301
Signed _____ By driller performing actual drilling on site or contractor
Date 5/18/05

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