

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

OFFICE USE ONLY
Log No. **113732**
Permit No. _____
Basin _____

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **34427**

1 OWNER **Clark County** ADDRESS AT WELL LOCATION **Pubuc Right of way**
MAILING ADDRESS **5000Grand Central Parkway las vegas NV** **desert inn & Nellis**
89101 Subdivision Name _____ County: **Clark**

2 LOCATION SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 9 T **21 S** N/S/R 62 E Latitude **36.74773n** UTM E NAD 27
PERMIT/WAIVER No. **mo2885** Parcel No. **161-09-499-001** Longitude **115.35476w** N NAD 83/WGS 84
Issued by Water Resources

3 TYPE OF WELL Domestic Irrigation Test Municipal/Industrial Monitor Stock
Is this well being plugged because a replacement well was drilled? **no**
If yes, what is replacement well NOI? _____
Is there an existing well log? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled **12** Feet Depth Casad **12** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"	pvc	sch 40	0	12

Existing Perforations:
Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: _____

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no
If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforater used: _____

From	feet to	feet	Number of perfs per linear foot

5 WATER LEVEL
Static water level **0** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

Material Used			
From 0 feet to 12 feet	Quick Grout	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6 Additional Notes or Comments
remorale well box
pulled casing
filled from botton
To top Quick Grout
Well 2=0151103

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started **4/10/2011**
Date Completed **4/10/2011**

9 DRILLER'S CERTIFICATION
This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name **Eagle Drilling Services llc** Contractor
Address **7150 placid street** Contractor
Las Vegas Nv 89119
Nevada contractor's license number issued by the State Contractor's Board **51266**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2097**
Signed _____
Date **4/13-11**
By driller performing actual drilling on site or contractor

DCNR/DWR
RECEIVED

APR 19 2011

LAS VEGAS OFFICE