

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

OFFICE USE ONLY
 Log No. 121825
 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. 37149

1 OWNER County of Clark (PK & Comm Serv)
 MAILING ADDRESS 500 S. Grand Central Pkwy
Las Vegas, NV 89155

ADDRESS AT WELL LOCATION 5483 Clubhouse Dr
 Subdivision Name: _____ County: _____

2 LOCATION NW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 4 T 21S N/S R 62 E
 PERMIT/WAIVER No. DW-1340 16104701002
Issued by Water Resources Parcel No.

Latitude UTM 812071.9 NAD 27
 Longitude N 26 757187.6 NAD 83/WGS 84
State Plane

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 NO? _____

Is there an existing well log? _____
 If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
 Depth Drilled 50 Feet Depth Cased 50 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: _____

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	50

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 perforator used: _____

Existing Perforations:

Type of perforation	Size of perforation	From	To
machine slotted	0.032	30 feet	50 feet

From	feet to	feet	Number of perfs per linear foot

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

8 WELL PLUGGING MATERIALS
 Material Used

6 Additional Notes or Comments

From	feet to	feet	Material Used	Pumped	Poured
2	feet to	10	concrete grout	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
10	feet to	12	bentonite chips	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
	feet to			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	feet to			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	feet to			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
	feet to			<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

LVP Well #157

Neat Cement Fluid Weight 94/7 lbs/gal
 Bentonite Grout _____ % bentonite
 Date Started 6/6/2014
 Date Completed 6/6/2014

RECEIVED
 SEP 29 2014

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 Viking Drillers Inc Contractor
 Address 5950 Granite Lake Dr. Contractor
Granite Bay, CA 95691
 Nevada contractor's license number _____
 issued by the State Contractor's Board 0034680
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller DW-2361
 Signed _____
 Date 7/31/2014
By driller performing actual drilling on site or contractor

(Rev 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

NAD27
 36.1515148
 - 115.0543979