

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

OFFICE USE ONLY
Log No. 123018
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. 38055
WELL NAME (if applicable): Well#2

1 OWNER Clark County - PROW
MAILING ADDRESS 500 South Grand Central PKWY
Las Vegas NV 89106

ADDRESS AT WELL LOCATION Near the intersection of Sloan Lane just
north of Stewart Ave., Clark County NV
Subdivision Name: _____
County: _____

2 LOCATION NE 1/4 SE 1/4 Sec 33 T 20S N/S/R 62 E
PERMIT/WAIVER No. DW-1358 140-33-796-003
Issued by Water Resources Parcel No.

Latitude 36°10'0.61"N UTM E NAD 27
Longitude -115°02'41.64"W N NAD 83/WGS 84

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? Yes
If yes, what is NDWR well log #? Well#2

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

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	30

If well was not cleaned out to total depth, please explain why: _____
Was the well contaminated? yes no
Was the casing pulled? yes no If pulled from: 0 feet to 30 feet
Was the casing over drilled? yes no

Existing Perforations:

Type of perforation	Machine Slotted
Size of perforation	0.032
From <u>10</u> feet to <u>30</u> feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used: NA
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____

5 WATER LEVEL
Static water level 10ft feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments
TYPE OF WELL - Temporary Dewatering

8 WELL PLUGGING MATERIALS

DCNR/DWR/SONBO
RECEIVED
MAY 07 2015

From	To	Material Used	Pumped	Poured
0	10	concrete grout	<input type="checkbox"/>	<input type="checkbox"/>
10	12	bentonite Seal	<input type="checkbox"/>	<input type="checkbox"/>
12	30	impact sand gravel	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 3/24/2015
Date Completed 3/24/2015

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 Drive, Granite Bay CA 95746
Contractor
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 water Ed Yadon 2361
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 5/5/2015