

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

OFFICE USE ONLY
Log No. 123066
Permit No. _____
Basin No. _____

PRINT OR TYPE IN BLACK INK 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. 38020
WELL NAME (if applicable): well#9

1. OWNER/CLIENT NAME Clark County - Public Right of Way
MAILING ADDRESS 500 South Grand Central PKWY 2nd floor Las Vegas NV 84155

DETAILED ADDRESS AT WELL LOCATION McLeod Dr. Clark County, NV.
Subdivision Name _____ County _____

2. PLS LOCATION SW ¼ NE ¼ 36 Sec 21 S 61 E
PERMIT/WAIVER NO. DW-1390 161-36-699-027
Issued by Water Resources Current Parcel No

Latitude 36 04' 44.63"N UTM E NAD 27
Longitude 115 06 29.78"W UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
Other _____

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Packed Silt-Silty clay			0	6
Silty clay - silty sand			6	12
Silty sand-silty clay			12	18
silty clay - calicchi			18	25
calicchi - silty clay			25	27
silty clay			27	40
Note - Annular Material				
Gravel pack			0	10
DCNR/DWR/SNBO RECEIVED AUG 03 2015				

9. INSTRUCTION
Depth Drilled: 40 Feet Depth Cased: 40 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>40</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>6</u>	<u>SCH 40</u>	<u>0</u>	<u>40</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

Bentonite Chips 10 to 12 Pumped Poured

Gravel Pack [> 0.2 in.] 12 to 40 Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ to _____ Pumped Poured

Date started: 3-Jul , 20 15
Date completed: 3-Jul , 20 15

7. WATER QUALITIES
Static water level: 16 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This 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 as issued by the State Contractor's Board 0034680
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller) 2361

Signed [Signature]
By driller performing actual drilling on site or contractor
Date: 7/29/15

36,079,0904 NAD
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