

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

OFFICE USE ONLY
Log No. 123495
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. 38046
WELL NAME (if applicable): well#34

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. between East Sunset Rd. and East Post Rd, Clark County NV
Subdivision Name _____ County Clark

2. PLS LOCATION SE ¼ SW ¼ 36 Sec 21S N/S 61 E
PERMIT/WAIVER NO. DW-1377 162-36-499-001
Issued by Water Resources Current Parcel No.

Latitude 36 04' 26.82" N UTM E NAD 27
Longitude 115. 06' 43.33" 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- calicchi			0	3
calicchi - silty clay			3	4
silty clay - soft silty clay			4	14
soft silty clay - silty clay			14	17
silty clay- silty sand clay			17	18
silty sand clay- hard clay			18	24
hard clay			24	40

Note - Annular Material

Material	From	To
Gravel pack	0	10

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>6</u>	<u>3/8</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: 28-Aug , 20 15
Date completed: 28-Aug , 20 15

PERFORATIONS.

Type of perforation: machine slot

Size of perforation: 0.032

From 20 Feet To 40 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

7. WATER QUALITIES

Static water level: 14 Feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ ° Fahrenheit

Water Quality: _____

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

8. WELL TEST DATA

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

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: Matthew J. Pagan
By driller (handwritten) or actual driller on site or contractor

Date: 9/29/15

36.0741432 NAD
- 115.1112061 27