

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

OFFICE USE ONLY
Log No. 123511
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. 38047
WELL NAME (if applicable): well#51

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. just south of Patrick Lane, Clark County NV
Subdivision Name: _____ County: _____

2. PLS LOCATION NE 1/4 SW 1/4 36 Sec 21S N/S 61 E
PERMIT/WAIVER NO. DW-1375 162-36-399-005
Issued by Water Resources Current Parcel No.

Latitude 36 04' 32.24" N UTM E _____ NAD 27
Longitude 115. 06'35.48" W UTM N _____ x 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- red silty clay			0	7
red silty clay- white clay			7	15
white clay - brown silty clay			15	24
brown silty clay- hard silty clay			24	32
hard silty clay			32	40

9. INSTRUCTION
Depth Drilled: 40 Feet Depth Cased: 40 Feet
HOLE DIAMETER (BIT SIZE)
From 24 Inches To 0 Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	40

Note - Annular Material
Gravel pack 0 10

DCNR/DWR/SNRC RECEIVED
OCT 05 2015

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
x 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: 24-Aug , 20 15
Date completed: 24-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: 15 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:	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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. [Signature]
Date: 9/29/15
Driller performs actual drilling on-site or contractor

36.0756488 NAD
- 115.1090256 27