

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

OFFICE USE ONLY
Log No. 123557
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 38051
WELL NAME (if applicable): well#67

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 East Patrick Lane, Clark County NV
Subdivision Name _____ County _____

2. PLS LOCATION NW ¼ SE ¼ 36 Sec 21S N/S 61 E
PERMIT/WAIVER NO. DW-1379 162-36-799-009
Issued by Water Resources Current Parcel No.

Latitude 36 04' 39.75" N UTM E NAD 27
Longitude 115. 06'35.09" 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 Corn / 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
silt packed			0	2
silt packed - silty clay			2	8
silty clay - clay& rock			8	10
clay& rock - red silty clay			10	12
red silty clay- soft silty clay			12	23
soft silty clay-hard silty clay			23	26
hard silty clay- calicchi			26	37
calicchi - silty clay			37	40

Note - Annular Material

Material	From	To
Gravel pack	0	10

Date started: 19-Aug . 20 15
Date completed: 19-Aug . 20 15

7. WATER QUALITIES
Static water level: 23 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

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

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

CASING SCHEDULE

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

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

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

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 Resource (on-site driller): 2361
Signed Matthew J. [Signature]
Date 9/29/15
(by driller performing actual drilling or contractor)

36. 0777349
- 115, 1089172
NAD 27