

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

OFFICE USE ONLY
Log No. 123785
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#21

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 1/4 SW 1/4 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' 21.06" N UTM E NAD 27
Longitude 115. 06' 45.87" 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- calicchi			0	8
calicchi - silty clay			8	12
silty clay- packed silt			12	18
packed silt- silty clay			18	20
silty clay- silt			20	27
silt-silt clay			27	28
silt clay-hard clay			28	31
hard clay- organic layer			31	45
organic layer- hard clay			45	47
hard clay			47	50
Note - Annular Material				
Gravel pack			0	10

9. INSTRUCTION

Depth Drilled: 50 Feet Depth Cased: 50 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches <u>0</u> Feet	<u>50</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>3/8</u>	<u>0</u>	<u>50</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 50 Pumped Poured

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

Other, explain: _____ to _____ Pumped Poured

Date started: 17-Sep, 20 15
Date completed: 17-Sep, 20 15

PERFORATIONS:

Type of perforation: machine slot
Size of perforation: 0.032

From 20 Feet To 50 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

7. WATER QUALITIES
Static water level: 18 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"/> Bailor <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. [Signature]
Date: 9/29/15
By driller performing a final drilling site or contractor

36.0725432 NAD
- 115.1119118 27