

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

OFFICE USE ONLY  
Log No. 124069  
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#73

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 East Patrick Lane, Clark County NV  
Subdivision Name: \_\_\_\_\_ County: \_\_\_\_\_

2. PLS LOCATION NW 1/4 SE 1/4 36 Sec 21S N/S 61 E Latitude 36 04" 42.61" N UTM E  NAD 27  
PERMIT/WAIVER NO. DW-1379 162-36-799-009 Longitude 115. 06"35.08" W UTM N \_\_\_\_\_ x NAD 83/WGS 84  
Issued by Water Resources Current Parcel No.

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

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

5. WELL TYPE  
 Auger  Rotary  RVC  
 Air  Mud  Sonic  
Other \_\_\_\_\_

6. LITHOLOGIC LOG

| Material Encountered       | Lost Circ. | Water Strata | From | To |
|----------------------------|------------|--------------|------|----|
| Packed silty clay-calicchi |            |              | 0    | 10 |
| calicchi-red silty clay    |            |              | 10   | 11 |
| red silty clay-calicchi    |            |              | 11   | 18 |
| calicchi - silty clay      |            |              | 18   | 20 |
| silty clay- calicchi       |            |              | 20   | 25 |
| calicchi - red silty clay  |            |              | 25   | 29 |
| red silty clay             |            |              | 29   | 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>SDR 21</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

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: 16 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

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: \_\_\_\_\_  
By driller, performing actual drilling on site or contractor

Date: 8/5/15

8. WELL TEST DATA

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

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

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