

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

OFFICE USE ONLY
Log No. 124471
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. 38091
WELL NAME (if applicable): well#6

1. OWNER/CLIENT NAME Sunrise Ridge Master HOA
MAILING ADDRESS 2555 Wcheyenne Ave
Clark County, NV

DETAILED ADDRESS AT WELL LOCATION O / Las Vegas Wash
Clark County, NV
Subdivision Name: _____ County: Clark

2. PLS LOCATION SE ¼ SE ¼ 15 Sec 21S N/S 62 E
PERMIT/WAIVER NO. DW-1408 161-15-810-003
Issued by Water Resources Current Parcel No.

Latitude 36.117006°N UTM E NAD 27
Longitude 115.030634°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
silty sand-silty sandy clay			0	6
red silty clay & Gravel			6	10
silty gravel			10	15
red silty clay			15	23
silty gravel			23	28
hard clay			28	34
hard clay			34	40

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

CASING SCHEDULE

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

DCNR/DWR/ENBO
RECEIVED
JAN 15 2016

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
Bentonite Chips 8 to 10 Pumped Poured
 Gravel Pack [> 0.2 in.] 0 to 40 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ Pumped Poured

Date started: 21-Oct .20 15
Date completed: 21-Oct .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: 8 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. Payne
performing actual drilling on site or contractor
Date: 11/13/16

36.1170321
-115.0298042
NAD
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