

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

OFFICE USE ONLY
Log No. 114659
Permit No. _____
Basin 212

**PRINT OR TYPE 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. 35992

1 OWNER Public ROW
MAILING ADDRESS 500 South Grand Central Pkwy
Las Vegas, NV

ADDRESS AT WELL LOCATION Public ROW on Boulder Hwy
at Boulder Hwy and Dalhart St.
Subdivision Name: _____ County: _____

2 LOCATION NW 1/4 NW 1/4 Sec 7 T 21S N/S R 82 E
PERMIT/WAIVER No. DW-1319A 16107199011
Issued by Water Resources Parcel No.

Latitude 798963.37 UTM E NAD 27
Longitude 26754474.38 N NAD 83/WGS 84

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

Is this well being plugged because a replacement well was drilled? no
If yes, what is replacement well NOI? _____
Is there an existing well log? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 35 Feet Depth Cased 35 Feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: _____

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	35

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no

Existing Perforations:

Type of perforation	Size of perforation	From	To
machine Slot	15	feet to	35 feet
		feet to	feet
		feet to	feet
		feet to	feet
		feet to	feet

Additional Perforations:

Type of perforator used:	From	To	Number of perfs per linear foot
	feet to	feet	

5 WATER LEVEL
Static water level _____ feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments

Material Used			
From <u>0</u> feet to <u>10</u> feet	Concrete Grout 3/8s	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Well #20

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 10/19/2011
Date Completed 10/19/2011

**DCNR/DWR
RECEIVED**

DEC 05 2011

LAS VEGAS OFFICE

9 DRILLER'S CERTIFICATION
This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name Viking Drillers Inc
Contractor
Address 801 Northport Dr.
Contractor
Sacramento, CA 95691
Nevada contractor's license number _____
issued by the State Contractor's Board 0034680
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-2091
Signed _____
By driller performing actual drilling on site or contractor
Date 11/9/2011

USE ADDITIONAL SHEETS IF NECESSARY

(Rev 05-06)