

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

OFFICE USE ONLY
Log No. 122477
Permit No. _____
Basin _____

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. 38060
WELL NAME (if applicable): Well#256

1 OWNER Clark County - Public Right of Way ADDRESS AT WELL LOCATION Just North of Hayward Ave on Nellis
MAILING ADDRESS 500 South Grand Central PKWY 2nd Floor BLVD., Clark County NV
Las Vegas NV 84155 Subdivision Name: _____ County: _____

2 LOCATION NE ¼ NE ¼ Sec 29 T 21S N/S/R 62 E Latitude 36 05' 47.27"N UTM E NAD 27
PERMIT/WAIVER No. DW-1361 161-29-599-015 Longitude 115 03' 50.44"W 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
Is there an existing well log? Yes
If yes, what is replacement well NOI? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 40 Feet Depth Cased 40 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: _____

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

Was the well contaminated? yes no
Was the casing pulled? yes no If pulled from: 0 feet to 40 feet
Was the casing over drilled? yes no

Existing Perforations:
Type of perforation machine slot
Size of perforation 0.032
From 20 feet to 40 feet
From _____ feet to _____ feet

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used:
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____
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From _____ feet to _____ feet Number of perfs per linear foot _____

5 WATER LEVEL
Static water level 15 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments

8 WELL PLUGGING MATERIALS

TYPE OF WELL = Temporary Dewatering

Material Used
From 0 feet to 10 feet gravel pack Pumped Poured
From 10 feet to 12 feet bentonite seal Pumped Poured
From 12 feet to 40 feet impact sand gravel Pumped Poured
From _____ feet to _____ feet Pumped Poured
From _____ feet to _____ feet Pumped Poured
From _____ feet to _____ feet Pumped Poured

Neat Cement Fluid Weight _____ lbs/gal

Bentonite Grout _____ % bentonite

Date Started _____

April 7 2015

Date Completed _____

April 8 2015

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 _____

5950 Granite Lake Dr. Granite Bay CA 95746
Contractor

Nevada contractor's license number _____

issued by the State Contractor's Board _____

Nevada driller's license number issued by the _____

0034680

Division of Water Resources, on site driller _____

Ed Yaden 2361

Signed _____

Matthew J. Ryan
By driller performing actual drilling on site or contractor

Date _____

May 13 2015

36, 0964901 NAD
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