

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

OFFICE USE ONLY
Log No. 123510
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. 38047
WELL NAME (if applicable): well#50

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. just south of Patrick Lane, Clark County NV
Subdivision Name _____ County _____

2. PLS LOCATION NE 1/4 SW 1/4 36 Sec 21S N1S 61 E
PERMIT/WAIVER NO. DW-1375 162-36-399-005
Issued by Water Resources Current Parcel No.

Latitude 36 04' 31.81" N UTM E NAD 27
Longitude 115. 06' 35.69" 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 Corn / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
Other _____

Material Encountered	Lost Circ	Water Strata	From	To
packed silt- silty clay & rock			0	9
silty clay & rock -soft silty clay			9	14
soft silty clay-white silty clay			14	16
white silty clay-silty clay			16	19
silty clay-silty clay			19	23
silty clay-hard clay			23	32
hard clay			32	40

Note - Annular Material
Gravel pack 0 10

DCNR/DWR/SIBO
RECEIVED
OCT 05 2015

Date started 24-Aug .20 15
Date completed 24-Aug .20 15

7. WATER QUALITIES
Static water level: 15 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

Test Method:	WELL TEST DATA		
	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)	

(Rev. 12-13)

9. INSTRUCTION
Depth Drilled: 40 Feet Depth Cased: 40 Feet

HOLE DIAMETER (BIT SIZE)			
From	Inches	To	Feet
<u>24</u>	<u>0</u>	<u>40</u>	<u>40</u>

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>40</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 40 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ Pumped Poured

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

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 Matthew [Signature]
By or for performer actual drilling on site or contractor
Date 9/29/15

USE ADDITIONAL SHEETS IF NECESSARY

pg. _____ of pg. _____

36.0755293
- 115.1090839
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