

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

OFFICE USE ONLY
Log No. 123562
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#62

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 East Patrick Lane, Clark County NV
Subdivision Name _____ County _____

2. PLS LOCATION NW 1/4 SE 1/4 36 Sec 21S N5 61 E
PERMIT/WAIVER NO. DW-1379 162-36-799-009
Issued by Water Resources Current Parcel No.

Latitude 36 04' 37.38" N UTM E NAD 27
Longitude 115. 06'35.06" 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
packed silt-silty clay			0	7
silty clay - silty clay & rock			7	10
silty clay & rock - silty sand/clay			10	13
silty sand/clay - silty clay			13	21
silty clay - calicchi			21	26
calicchi - silty clay			26	28
silty clay - white silty clay			28	32
white silty clay			32	40
Note - Annular Material				
Gravel pack			0	10

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

7. WATER QUALITIES
Static water level: 18 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

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

(Rev. 12-13)

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

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>40</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>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: _____ to _____ 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 P. [Signature]
Date 9/29/15 By [Signature] performing act of driller or contractor

USE ADDITIONAL SHEETS IF NECESSARY

pg. _____ of pg. _____

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-115.1089089 NAD 27