

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

OFFICE USE ONLY

Log No. 125180

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. 38510
WELL NAME (if applicable): Well #21

1 OWNER Clark County - Public Right of Way
MAILING ADDRESS 500 S. Grand Central Pkwy 2nd Floor
Las Vegas NV 89155

ADDRESS AT WELL LOCATION East Harmonn Ave. just west of Jimmy
Durante Dr. Clark County, NV
Subdivision Name: _____ County: Clark

2 LOCATION SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 21 T 21S N/S R 62 E
PERMIT/WAIVER No. DW-1395 Parcel No. 161-21-699-001

Latitude 36.110453°N UTM E NAD 27
Longitude 115.052013°W N NAD 83/WGS 8

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 NDWR well log #? 124352

4 EXISTING WELL CONSTRUCTION
Depth Drilled 31 Feet Depth Cased 31 Feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	31

If well was not cleaned out to total depth, please explain why: _____

Was the well contaminated? yes no
Was the casing pulled? yes no If pulled from: 0 feet to 31 feet
Was the casing over drilled? yes no

Existing Perforations:

Type of perforation	Machine Slot
From <u>20</u> feet to <u>31</u> feet	0.032
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ 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 _____
From _____ feet to _____ feet Number of perfs per linear foot _____
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From _____ feet to _____ feet Number of perfs per linear foot _____
From _____ feet to _____ feet Number of perfs per linear foot _____

5 WATER LEVEL
Static water level 18 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments
TYPE OF WELL = Temporary Dewatering

8 WELL PLUGGING MATERIALS

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

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite

Date Started 1/6/2016
Date Completed 1/6/2016

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
Phone (916) 742-1500

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 DW-2361
Signed _____
Date _____
By driller performing actual drilling on site or contractor

DCNR/DWR/SNBO
RECEIVED
MAY 19 2016

(Rev. 04-16)

USE ADDITIONAL SHEETS IF NECESSARY

pg. _____ of pg. _____

36.1104793
- 115.051183
NAD
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