

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

OFFICE USE ONLY  
Log No. 125189  
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. 38511  
WELL NAME (if applicable): \_\_\_\_\_ Well #10

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 1/4 NE 1/4 Sec 21 T 21S N/S R 62 E Latitude 36.110447°N UTM E \_\_\_\_\_ NAD 27  
PERMIT/WAIVER No. DW-1394 Parcel No. 161-21-699-002 Longitude 115.053889°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 #? 124554

4 EXISTING WELL CONSTRUCTION  
Depth Drilled 40 Feet Depth Cased 40 Feet  
EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	6	3/8	0	40

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: \_\_\_\_\_  
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  
If casing was left in place, please show where additional perforations were made:

Existing Perforations:

Type of perforation	Machine Slot
From <u>20</u> feet to <u>40</u> feet	<u>0.032</u>

Additional Perforations:

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

5 WATER LEVEL  
Static water level 25 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	Material Used	Pumped	Poured
From <u>0</u> feet to <u>10</u> feet	Concrete Grout	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____ feet to _____ feet	_____	<input type="checkbox"/>	<input type="checkbox"/>

DCNR/DWR/SNBO  
RECEIVED  
MAY 19 2016

Neat Cement Fluid Weight \_\_\_\_\_ lbs/gal  
Bentonite Grout \_\_\_\_\_ % bentonite  
Date Started 1/5/2016  
Date Completed 1/5/2016

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

(Rev. 04-16)

USE ADDITIONAL SHEETS IF NECESSARY

36.1104734  
- 115, 0530589  
NAD  
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