

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

OFFICE USE ONLY
Log No. 125192
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 #7

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 Harmon 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-1394 161-21-699-002
Issued by Water Resources Parcel No.

Latitude 36.110421°N UTM E NAD 27
Longitude 115.055114°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 replacement well NOI? _____
If yes, what is NDWR well log #? 124557

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: _____

EXISTING CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 | 6 | 3/8 | 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 |
|---------------------------------------|--------------|
| From <u>20</u> feet to <u>40</u> feet | <u>0.032</u> |
| From _____ feet to _____ feet | _____ |
| From _____ feet to _____ feet | _____ |
| From _____ feet to _____ feet | _____ |
| From _____ feet to _____ feet | _____ |

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

8 WELL PLUGGING MATERIALS

TYPE OF WELL = Temporary Dewatering

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

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 _____
By driller performing actual drilling on site or contractor

Date 5/11/16

DCNR/DWR/SNBO
RECEIVED
MAY 19 2016

(Rev. 04-16)

USE ADDITIONAL SHEETS IF NECESSARY

pg. _____ of pg. _____

36.110421
-115.0542839

NAD
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