

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

OFFICE USE ONLY
Log No. 125195
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 #4

1 OWNER Clark County - Public Right of Way ADDRESS AT WELL LOCATION East Harmonn Ave. just west of Jimmy Durante Dr. Clark County, NV
MAILING ADDRESS 500 S. Grand Central Pkwy 2nd Floor Las Vegas NV 89155 Subdivision Name: _____ County: Clark

2 LOCATION SW ¼ NE ¼ Sec 21 T 21S N/S R 62 E Latitude 36.110383°N UTM E NAD 27
PERMIT/WAIVER No. DW-1394 Parcel No. 161-21-699-002 Longitude 115.054904°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 #? 124560

4 EXISTING WELL CONSTRUCTION

| | | | |
|---------------|----------------|-------------|----------------|
| Depth Drilled | <u>40</u> Feet | Depth Cased | <u>40</u> Feet |
|---------------|----------------|-------------|----------------|

EXISTING 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> |

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: | From | feet to | feet | 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 | _____ | _____ | _____ | _____ |

5 WATER LEVEL
Static water level 28 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 | feet | 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"/> |

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 5/11/16
By driller performing actual drilling on site or contractor

DCNR/DWR/SNBO
RECEIVED
MAY 19 2016

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-115.0540739
NAD 27