

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

OFFICE USE ONLY
Log No. 125203
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. 38517
WELL NAME (if applicable): Well#21

1 OWNER Clark County - Water Reclamation
MAILING ADDRESS 5857 E Flamingo Rd.
Las Vegas NV 89122
ADDRESS AT WELL LOCATION 4150 South Hollywood BLVD.
Clark County, Las Vegas NV
Subdivision Name: _____ County: Clark

2 LOCATION SE ¼ NW ¼ Sec 23 T 21S N/S R 62 E
PERMIT/WAIVER No. DW-1409 161-23-101-001
Latitude 36.108160 "N UTM E NAD 27
Longitude 115.022681 "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
If yes, what is replacement well NOI? _____
Is there an existing well log? Yes
If yes, what is NDWR well log #? NOI 74258
Log 124566

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)
<u>8</u>	<u>6</u>	<u>SCH 40</u>	<u>0</u>	<u>40</u>

Existing Perforations:
Type of perforation machine slot
Size of perforation 0.032
From 20 feet to 40 feet
From _____ feet to _____ 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: _____

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:
Additional Perforations: _____

Type of perforater 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 7 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

DCNR/DWR/SNBO
RECEIVED
MAY 04 2016

8 WELL PLUGGING MATERIALS
Material Used
From 0 feet to 10 feet concrete grout Pumped Poured
From 10 feet to 12 feet bentonite seal Pumped Poured
From 12 feet to 40 feet impact sand gravel Pumped Poured
From _____ feet to _____ feet _____ Pumped Poured
From _____ feet to _____ feet _____ Pumped Poured
From _____ feet to _____ feet _____ Pumped Poured
Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 4/5/2016
Date Completed 4/5/2016

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
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 2361
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 5/2/16

36.1081057 NAD
- 115,0218576 27