

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

OFFICE USE ONLY
Log No. 125380
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. 38512
WELL NAME (if applicable): Well#162

1 OWNER Clark County - Public Right of Way
MAILING ADDRESS 500 South Grand Central PKWY 2nd Floor
Las Vegas NV 84155

ADDRESS AT WELL LOCATION East Hacienda Ave & S. Lamb BLVD. NV
Clark County, Las Vegas NV
Subdivision Name: _____ County: Clark

2 LOCATION NW ¼ SW ¼ Sec 29 T 21S N/S R 62 E
PERMIT/WAIVER No. DW-1400 Parcel No. 161-29-399-001

Latitude 36.092909 "N UTM E NAD 27
Longitude 115.078952 "W N X 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 #? 123833

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	SCH 40	0	40

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

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no
If casing was left in place, please show where additional perforations were made:

5 WATER LEVEL
Static water level 16 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Additional Perforations:

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

6 Additional Notes or Comments
TYPE OF WELL = Temporary Dewatering

8 WELL PLUGGING MATERIALS

From	To	Material Used	Method
From <u>0</u>	feet to <u>10</u>	concrete grout	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
From <u>10</u>	feet to <u>12</u>	bentonite seal	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
From <u>12</u>	feet to <u>40</u>	impact sand gravel	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
From _____	feet to _____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

DCNR/DWR/SNBO
RECEIVED
FEB 29 2016

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 1/13/2016
Date Completed 1/13/2016

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 _____
Signed [Signature] 2361
Date 2/22/16
By driller performing actual drilling on site or contractor

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

pg. _____ of pg. _____

36.0929354 NAD
-115.078122 27