

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

OFFICE USE ONLY
Log No. 125407
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. 38519
WELL NAME (if applicable): Well#17

1 OWNER Sunrise Ridge Master HOA
MAILING ADDRESS 2555 W Cheyenne Ave
Las Vegas NV

ADDRESS AT WELL LOCATION O / Las Vegas Wash
Clark County, Las Vegas NV
Subdivision Name: _____ County: Clark

2 LOCATION SE ¼ SE ¼ Sec 15 T 21S N/S R 62 E
PERMIT/WAIVER No. DW-1408 161-15-810-003

Latitude 36.115459 "N UTM E NAD 27
Longitude -115.030989 "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
Log 124460
If yes, what is NDWR well log #? NOI 38091

4 EXISTING WELL CONSTRUCTION

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

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	Size of perforation	From	feet to	feet
<u>machine slot</u>	<u>0.032</u>	<u>20</u>	<u>feet to</u>	<u>40</u> feet

Additional Perforations:

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

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

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 _____

6 Additional Notes or Comments
TYPE OF WELL = Temporary Dewatering

8 WELL PLUGGING MATERIALS

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

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 4/11/2016
Date Completed 4/11/2016

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

DCNR/DWR/SNBO
RECEIVED
MAY 04 2016

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- 115.0301592 NAD 27