

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

OFFICE USE ONLY
Log No. 125451
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. 38525
WELL NAME (if applicable): Well#24

1 OWNER Clark County - Public Right of Way ADDRESS AT WELL LOCATION McLeod Dr. Between East Sunset Rd & East Post, Las Vegas NV
MAILING ADDRESS 500 South Grand Central PKWY 2nd Floor Las Vegas NV 84155 Subdivision Name: _____ County: Clark

2 LOCATION SE 1/4 SW 1/4 Sec 36 T 21S N/S R 61 E Latitude 36 04' 22.51 "N UTM E NAD 27
PERMIT/WAIVER No. DW-1377 Parcel No. 162-36-499-001 Longitude 115 06' 45.84"W N NAD 83/WGS 84

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 #? 123788

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>

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

Additional Perforations:

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

5 WATER LEVEL

Static water level 18 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

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

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite

Date Started 2/18/2016
Date Completed 2/18/2016

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 4/13/16

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

pg. of pg.

36.072946
-115.1119034
NAD
27