

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

OFFICE USE ONLY
Log No. 125465
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#39

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 Mcleod Dr. Between East Sunset Rd
& East Post, Las Vegas NV
Subdivision Name: _____ County: Clark

2 LOCATION SE 1/4 SW 1/4 Sec 36 T 21S N/S/R 61 E
PERMIT/WAIVER No. DW-1377 | 162-36-499-001
Issued by Water Resources Parcel No.

Latitude 36 04' 28.35 "N UTM E NAD 27
Longitude 115 06' 40.92 "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
If yes, what is replacement well NOI? _____
Is there an existing well log? Yes
If yes, what is NDWR well log #? 123499

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

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

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	To	feet
machine slot	0.032	20	feet to	40	feet
			feet to		feet
			feet to		feet
			feet to		feet
			feet to		feet

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 _____
From _____ feet to _____ feet Number of perfs per linear foot _____

5 WATER LEVEL
Static water level 15 feet below land surface
Artesian flow _____ G.P.M. P.S.I.
Water temperature _____ ° F Quality _____

6 Additional Notes or Comments

8 WELL PLUGGING MATERIALS

TYPE OF WELL = Temporary Dewatering

From	feet to	Material Used	lbs/gal	% bentonite	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
0	10	gravel pack			<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	12	bentonite seal			<input type="checkbox"/>	<input type="checkbox"/>
12	40	impact sand gravel			<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 2/21/2016
Date Completed 2/21/2016

DCNR/DWR/SNBO
RECEIVED
APR 15 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 4/13/16

36.0745682 NAD
- 115.1105367 27