

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

OFFICE USE ONLY
Log No. 125468
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#42

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' 28.91 "N UTM E NAD 27
Longitude 115 06' 39.72 "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 #? 123502

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 machine slot
Size of perforation 0.032
From 20 feet to 40 feet
From _____ feet to _____ feet

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator 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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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

TYPE OF WELL = Temporary Dewatering

8 WELL PLUGGING MATERIALS
Material Used
From 0 feet to 10 feet gravel pack 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

DCNR/DWR/SNBO
RECEIVED
APR 15 2016

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 2/21/2016
Date Completed 2/21/2016

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
By driller performing actual drilling on site of contractor
Date 2/13/16

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