

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

OFFICE USE ONLY
Log No. 125574
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. 38518
WELL NAME (if applicable): Well#19

1 OWNER Clark County - Water Reclamation ADDRESS AT WELL LOCATION 5857 East Flamingo Rd.
MAILING ADDRESS 5857 Flamingo Rd Clark County, Las Vegas NV
Las Vegas NV 84155 Subdivision Name _____ County Clark

2 LOCATION NE 1/4 NE 1/4 Sec 22 T 21S N/S R 62 E Latitude 36.114886 °N UTM E NAD 27
PERMIT/WAIVER No. DW-1407 161-22-101-001 Longitude 115.030949 °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 #? 109104597
NOI 74259

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>

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

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:
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 _____
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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 _____

6 Additional Notes or Comments
TYPE OF WELL = Temporary Dewatering

8 WELL PLUGGING MATERIALS

From	To	Material Used	Pumped	Poured
<u>0</u>	<u>10</u>	<u>concrete grout</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>10</u>	<u>12</u>	<u>bentonite seal</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>12</u>	<u>40</u>	<u>impact sand gravel</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 4/6/2016
Date Completed 4/6/2016

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/SNB
RECEIVED
MAY 04 2016**