

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

OFFICE USE ONLY
Log No. 125735
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#32

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 ¼ NE ¼ Sec 22 T 21S N/S/R 62 E Latitude 36.112754 °N UTM E NAD 27
PERMIT/WAIVER No. DW-1407 161-22-101-001 Longitude 115.030542 °W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3 TYPE OF WELL Is this well being plugged because a replacement well was drilled? No Is there an existing well log? Yes
 Domestic Irrigation Test Municipal/Industrial Monitor Stock If yes, what is replacement well ND? _____ If yes, what is NDWR well log #? 124584
NO174259

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:
Additional Perforations:
Type of perforator used: _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
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From _____ feet to _____ feet Number of perms per linear foot _____

Existing Perforations:
Type of perforation machine slot
Size of perforation 0.032

From	feet to	feet
<u>20</u>	<u>40</u>	

5 WATER LEVEL
Static water level 6 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	feet to	feet	Material Used	Pumped	Poured
<u>0</u>	<u>10</u>	<u>10</u>	<u>concrete grout</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>10</u>	<u>12</u>	<u>12</u>	<u>bentonite seal</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>12</u>	<u>40</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 4/7/2016
Date Completed 4/7/2016

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 _____
Date 5/2/16
By driller performing actual drilling on site or contractor

36.11278
- 115,0297123
NA
2-

DCNR/DWR/SNBO
RECEIVED
MAY 04 2016