

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

OFFICE USE ONLY
Log No. 121152
Permit No. _____
Basin No. _____

PRINT OR TYPE IN BLACK INK 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. 37765
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME Jay T. Ewing
MAILING ADDRESS 1400 N. A Street
Las Vegas, NV

DETAILED ADDRESS AT WELL LOCATION 1300 N A Street
Las Vegas, NV
Subdivision Name: _____ County: Clark

2. PLS LOCATION NW 1/4 NE 1/4 27 Sec 20 N/S 61 E
PERMIT/WAIVER NO. 139-27-501-007
Issued by Water Resources Current Parcel No.

Latitude 36.18307 UTM E NAD 27
Longitude 115.14336 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
GRAVEL			0	1
Silt & clay			1	3
silt, gravel, clay			3	15
Sand with clay			15	20
caliche			20	21
S.H with clay	r		21	32

9. INSTRUCTION

Depth Drilled: 33 Feet Depth Cased: 32 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>8</u>	<u>0</u>	<u>32</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>0.68</u>	<u>0.154</u>	<u>0</u>	<u>30</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement to _____ Pumped Poured

Cement Grout to _____ Pumped Poured

Concrete Grout 2 to 26 Pumped Poured

Bentonite Chips 26 to 29 Pumped Poured

Gravel Pack [> 0.2 in.] to _____ Pumped Poured

Sand Pack [< 0.2 in.] 29 to 32 Pumped Poured

Other, explain: _____ to _____ Pumped Poured

Bentonite Chips - Poured from 135 to 76" 8" Borehole

PERFORATIONS:

Type of perforation: Factory

Size of perforation: 0.01

From 30 Feet To 32 Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

From _____ Feet To _____ Feet

Date started: 7-11, 20 14

Date completed: 7-11, 20 14

7. WATER QUALITIES

Static water level: 22 Feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ ° Fahrenheit

Water Quality: NA

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision. This report is true to the best of my knowledge.

Name National EWP Contractor

Address 5241 Schrills St. Las Vegas NV 89118 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 00735355

Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2492

Signed: Rickard Ewing
By driller performing actual drilling on site or contractor

Date: 8-7-14