

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

OFFICE USE ONLY
Log No. 125572
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. 37974
WELL NAME (if applicable): MW-9

1. OWNER/CLIENT NAME Linda W. Peng Spring Mt. LV LLC
MAILING ADDRESS PO Box 30580 Las Vegas, NV 89173
DETAILED ADDRESS AT WELL LOCATION 3435 S. Jones Blvd
Las Vegas, NV

Subdivision Name _____ County Clark
Latitude 36.12655°N UTM E _____ NAD 27
Longitude 115.22538°W UTM N _____ NAD 83/WGS 84
2. PLS LOCATION NE ¼ NE ¼ 14 Sec 21 N/S 60 E
PERMIT/WAIVER NO. MO-3166 163-14-502-010
Issued by Water Resources Current Parcel No.

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
Asphalt			0	3"
Silty sand			3"	5
Clayey sand			5	7
Silty sand			7	12
Clayey sand			12	15
Silty sand			15	18
Gravelly sand			18	22
Silty clay			22	25
Silty sand			25	27
Gravelly sand			27	32
Sandy clay w/ gravel			32	85
Clayey silt w/ sand			85	90
Sandy clay w/ caliche			90	94
Silty sand			94	96

9. INSTRUCTION
Depth Drilled: 96 Feet Depth Cased: 96 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10.25</u> Inches	<u>0</u> Feet <u>96</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>2.01</u>	<u>0.237</u>	<u>0</u>	<u>96</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANNULAR MATERIALS

Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips <u>74</u> to <u>78</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Sand Pack [< 0.2 in.] <u>78</u> to <u>96</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Other, explain: <u>1.5</u> to <u>74</u>	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured

Bentonite Slurry _____

Date started: 3-May, 20 16
Date completed: 3-May, 20 16

7. WATER QUALITIES
Static water level: _____ Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

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			

PERFORATIONS:

Type of perforation: Factory
Size of perforation: .020
From 81 Feet To 96 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

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 4221 W. Oquendo Rd. Las Vegas, NV 89118 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 0075355
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2526
Signed: _____
Date 5/19/2016
By driller performing actual drilling on site of contractor