

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

OFFICE USE ONLY
Log No. 115 989
Permit No. _____
Basin 559

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

1. OWNER Armando Lopez ADDRESS AT WELL LOCATION 1615 Hill Top Rd.
MAILING ADDRESS 240 W 2nd St BATHO MTN NV 89820 Subdivision Name: _____ County: HANDEN
2. LOCATION N 1/4 S 1/4 Sec 3 T. 31 N. R. 45 E Latitude: _____ UTM E509049 NAD 27
PERMIT/WAIVER No. 1011-310-36 Longitude: _____ N4492900 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	10	10
SAND + GRAVEL		10	20	10
LAM CLAY		20	60	40
SAND + GRAVEL		60	90	30

9. WELL CONSTRUCTION

Depth Drilled 80 Feet Depth Cased 80 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10 5/8</u>	0	80	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>		<u>.128</u>	<u>#1</u>	<u>80</u>

Perforations:

Type of perforation SAWED (PVC)

Size of perforation 3.6 x 2

From	feet to	feet
<u>60</u>	<u>80</u>	

Annular Seal: Yes No

Material	to	feet	to	feet	Method
<input type="checkbox"/> Neat Cement					<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout					<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>5</u>	<u>55</u>			<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Grout					<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Gravel Pack:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>60</u>	<u>80</u>		<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type:	<u>#4</u>				
Bentonite Chips:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>55</u>	<u>60</u>		<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type:	<u>#8</u>				

Date started: 9-8, 20 12
Date completed: 9-9, 20 12

7. Water Level

Static water level: 10 feet below land surface

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

Water Temperature: Cold °F

Quality: Good

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
<u>Rotary</u>	<u>75+</u>	<u>UNK.</u>	<u>2 Hrs</u>

10. DRILLER'S CERTIFICATION

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

Name LBJ DRILLING & PUMP COMPANY, INC.
Contractor

Address P.O. BOX 902 - Winnemucca, NV 89446
Contractor

Nevada contractor's license number issued by the State Contractor's Board 0009605A

Nevada driller's license number issued by the Division of Water Resources, the state driller 1807

Signed Joe Boggio
By driller performing actual drilling on well or contractor Joe Boggio

Date _____

40.587846°N
116.893070°W
NAD27

USE ADDITIONAL SHEETS IF NECESSARY