



WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

OWNER LUVWD ADDRESS AT WELL LOCATION 7512 West Charleston Blvd.
 MAILING ADDRESS 3700 West Charleston
 2. LOCATION SW 1/4 SW 1/4 Sec 34 T. 20 N. 60 E County Clark
 PERMIT NO. W 216 R-001 | 03A-370-001 | West Central Zone
Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK: New Well Recondition Deepen Other
 4. PROPOSED USE: Domestic Irrigation Municipal Industrial Test Stock
 5. TYPE WELL: Cable Rotary Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>UNCONSOLIDATED SAND AND GRAVEL</u>		<u>0'</u>	<u>60'</u>	<u>60'</u>
<u>CONSOLIDATED SAND AND GRAVEL</u>		<u>60'</u>	<u>539'</u>	<u>479'</u>
<u>clay</u>		<u>539'</u>	<u>545'</u>	<u>6'</u>
<u>CONSOLIDATED SAND AND GRAVEL</u>		<u>545'</u>	<u>680'</u>	<u>135'</u>
<u>SAND, CLAY & GRAVEL</u>		<u>680'</u>	<u>800'</u>	<u>120'</u>

8. WELL CONSTRUCTION
 Diameter hole 8 3/4 inches Total depth 800' feet
 Casing record NA
 Weight per foot _____ Thickness _____
 Diameter _____ inches From _____ feet To 6.51' feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 50 Ft. feet
 Gravel packed: Yes No
 Gravel packed from 640' feet to 50' feet
 Perforations:
 Type perforation Slot
 Size perforation 1/8
 From 680' feet to 540' feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 539' feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature Cool ° F. Quality _____

Date started Jan Feb 12 1987
 Date completed Feb 20 1987

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	<u>NA</u>		

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Sheldon K Johnson Contractor
 Address 211 Mohawk, Henderson, Nev. Contractor
 Nevada contractor's license number _____
 Nevada contractor's drillers number _____
 Nevada driller's license number FP-1503 Actual Driller
 Signed Sheldon K. Johnson Contractor
 Date 2-22-87

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours