

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Parcel No. _____

Permit No. _____
Subdivision Name _____

1. OWNER Bova Abent & Assoc

ADDRESS AT WELL LOCATION Charleston Upland

MAILING ADDRESS: Box 33 Nevada Hwy

County _____

2. LOCATION SE 1/4 SW 1/4 Sec 36 T 20 N R 60 E

Parcel No. _____

PERMIT NO. MO-2126

Issued by Water Resources

Parcel No. _____

Subdivision Name _____

3. WORK PERFORMED
 New Well
 Replace
 Deepen
 Recondition
 Abandon
 Other _____

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock
 Air
 Rotary
 RVC
 Other _____

6. LITHOLOGIC LOG

Material	Water Strat	From	To	Thick-ness
<u>4' Brown silty sand</u>		<u>0</u>	<u>3</u>	
<u>caliche</u>		<u>3</u>	<u>4</u>	
<u>silty sand w/gravel</u>		<u>4</u>	<u>6</u>	
<u>same w/ gravel</u>		<u>6</u>	<u>10</u>	
<u>silty sand</u>		<u>16</u>	<u>23</u>	
<u>caliche</u>		<u>23</u>	<u>32</u>	
<u>silty sand</u>		<u>33</u>	<u>33</u>	
<u>silty sand</u>		<u>32</u>	<u>45</u>	
<u>4' Brown clayey sand</u>		<u>45</u>	<u>65</u>	

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet
 HOLE DIAMETER (BIT SIZE)
 _____ Inches From _____ To _____ Feet
 _____ Inches From _____ To _____ Feet
 _____ Inches From _____ To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>7.68</u>	<u>SC-140</u>	<u>0</u>	<u>23</u>

Perforations:
 Type perforation Factory Slot
 Size perforation 0.02
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 0-4 4 1/4 4 1/2
 Placement Method: Pumped Concrete GROUT
 Poured
 Gravel Packed: Yes No
 From 44.5 feet to 65 feet

9. WATER LEVEL
 Static water level: 65 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name TANA W. J. WILLSON Contractor
 Address 4470 S Polaris
Las Vegas NV 89103 Contractor

Nevada contractor's license number _____
 issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1559
 Signed Ronald J. Rivers By driller performing actual drilling on site or contractor
 Date _____

7. WELL TEST DATA
 TEST METHOD: Bailor Pump Air Lift
 G.P.M. (Feet Below Static) _____ Time (Hours) _____

Date started Feb 15 19 98
 Date completed Feb 18 19 98

Div. of Water Resources
 Branch Office - Las Vegas, NV