DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 1318
Permit No. 33056
Basin 205

1. OWNER KEITH CUTLER ADDRESS MOAPA NEV.

2. LOCATION NE ¼ NW ¼ Sec. 27 T. 14 N/S R. 66 E. CLARK County
PERMIT NO. ~~35922~~ 33056 REPLACEMENT WELL

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☐ Irrigation ☒ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SAND + GRAVEL		0	42	42
CLAY + SAND	X	42	88	46
CEMENTED GRAVEL		88	90	2
CLAY + SAND	X	90	100	10
CEMENTED GRAVEL		100	101	1
CLAY + SAND	X	101	106	5
CEMENTED GRAVEL		106	107	1
CLAY + SAND				
WITH SANDSTONE				
LAYERS		107		

RECEIVED
JUL 6 1973
DIV. OF WATER RESOURCES
BRANCH OFFICE
LAS VEGAS, NEVADA

Date started 3-7, 19 73
Date completed 3-15, 19 73

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

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

8. WELL CONSTRUCTION
Diameter hole 17½ inches Total depth 203 feet
Casing record
Weight per foot ..... Thickness 251

Diameter	From	To
8 5/8 inches	+1 feet	203 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☒ Type
Depth of seal feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 0 feet to 203 feet

Perforations:
Type perforation TORCH
Size perforation 1/8 X 8 ROWS
From 50 feet to 203 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 62 Feet below land surface
Flow G.P.M.
Water temperature ° F. Quality

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

Name CHAPARRAL DRLG + PUMP
Address 4161 CANAL LAS VEGAS
Nevada contractor's license number 10791
Nevada driller's license number 635
Signed [signature]
Date

USE ADDITIONAL SHEETS IF NECESSARY

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