WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 17381
Permit No.
Basin

1. OWNER Roland State ADDRESS 2200 Civic Center Dr No Las Vegas NV 89100

2. LOCATION ¼ ¼ Sec. 3 T. 17 N/S R. 23 E. Lyon County
PERMIT NO. Across The Hwy From Stage Coach

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
Yellow Clay		0	32	32
Clay & Black Gravel		32	60	28
Gravel & Sand	X	60	65	5
Clean Black Gravel		65	80	15
Yellow Clay		80	82	2
Black Gravel & Sand		82	104	22
Clay		104	107	3
Gravel & Sand		107	137	30
Clay		137	140	3

Date started 12/12/77, 19
Date completed 12/14/77, 19

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 20 Draw down 0 feet 1 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 12" 50' 90' 8" inches Total depth 140 feet
Casing record 8 5/8
Weight per foot 16.9 Thickness 18.8

Diameter	From	To
8 inches	0 feet	140 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Concrete
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation Factory
Size perforation 2 + 3/32
From 117 feet to 137 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 48 Feet below land surface
Flow G.P.M.
Water temperature Cold F. Quality

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

Name W M Blain
Address Box 353 Dayton NV 89403
Nevada contractor's license number 10950
Nevada driller's license number 963
Signed R E O'Farrell
Date 1/4/78

USE ADDITIONAL SHEETS IF NECESSARY

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