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. 21570
Permit No. 38883
Basin 212

1. OWNER Bill Moore ADDRESS

5 1/2, S.W. 1/4

2. LOCATION N.E. 1/4 N.E. 1/4 Sec. 33 T. 19-S N/S R. 60 E. CLARK County

PERMIT NO. 38883

permit # 38883

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

4. PROPOSED USE community
Domestic ☐ Irrigation ☐ Test ☐
Municipal ☑ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☑ Rotary ☐
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand + Rock		0	85	85
Brown clay + Gravel		85	105	20
Red clay		105	150	45
Brown clay + Gravel	yes	150	350	200'

RECEIVED
AUG 21 1980
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started Aug 5, 1980
Date completed Aug 19, 1980

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 40 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 10 inches Total depth 350 feet
Casing record
Weight per foot Thickness 10 gage

Diameter	From	To
8 5/8 inches	Surface feet	350 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type 5-sack Concrete
Depth of seal 50' feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 50' feet to 350' feet

Perforations:
Type perforation Torch
Size perforation 10" x 1/4"
From 150 feet to 350' feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level ~~305~~ 145 Feet below land surface 145
Flow Good G.P.M.
Water temperature Cool °F. Quality Good

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

Name Richard B. Wickoff
Address 2182 N. Pecos Sp # 114
Nevada contractor's license number 12866
Nevada driller's license number 1063
Signed Richard B Wickoff
Date Aug 20, 1980

USE ADDITIONAL SHEETS IF NECESSARY

O-627