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. 22601
Permit No.
Basin

1. OWNER Sam & Marla Holmes ADDRESS Battle Mt. Nev.
Lot 2 Blk D SSF
2. LOCATION ¼ ¼ Sec. 24 T. 32 N N/S R. 46 E. Landers County
PERMIT NO.

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
Dirt Top soil		0	10	10
Pea gravel		10	21	11
green clay		21	60	39
Blue Clay		60	75	15
yellow Clay		75	110	35
gravel + sandy clay		110	142	32

Date started 2/23, 1981
Date completed 2/23, 1981

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 8½ inches Total depth 142 feet
Casing record
Weight per foot ..... Thickness 3/16

Diameter		From		To	
11½	inches	0	feet	50	feet
8½	inches	50	feet	142	feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet

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

Perforations:
Type perforation Saw Cut
Size perforation 1/8"
From 108 feet to 142 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 9 Feet below land surface
Flow ..... 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 NORMAN PARSONS
Address BATTLE MT. NEV.
Nevada contractor's license number 01621
Nevada driller's license number 869
Signed Norman Parsons
Date 3/20/81

USE ADDITIONAL SHEETS IF NECESSARY

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