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. 23216
Permit No. 28306
Basin 108 HR

1. OWNER ALEXANDER DAWSON INC ADDRESS 4045 SPENCER SUITE A-57 LASVEGAS, NEV 89109 PO BOX 19720 - 89119

2. LOCATION NE ¼ SW ¼ Sec. 21 T. 15 N/S R. 25 E. LYON 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
SAND		140	150	10
SAND BLUE				
CLAY		150	155	5
SAND-BLA				
GRAVEL-WATER	155	155	170	15
SAND BLUE				
CLAY		170	185	15
SAND ~~BLUE~~				
GRAVEL/WATER	185	185	212	17

Date started JUNE 29, 19 81
Date completed JULY 15, 19 81

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 6 inches Total depth 212 feet
Casing record BLANK 0'-47'
Weight per foot 10.78 Thickness .156

Diameter	From	To
6 inches	140 feet	212 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 feet to feet

Perforations:
Type perforation MACHINE
Size perforation 3/32
From 47 feet to 212 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 5 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 ACE PUMP SALES & SER
Address 5551 HYSOF HS
Nevada contractor's license number 15489
Nevada driller's license number 561-203
Signed James W Thompson
Date 8-28-81

USE ADDITIONAL SHEETS IF NECESSARY

O-627