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. ~~[illegible]~~ 24452
Permit No. 42414
Basin 212

JUDITH ADAMS
OWNER S. H. Ramberg ADDRESS

2. LOCATION NE ¼ SW ¼ Sec. 26 T. 19 N/S R. 60 E. Clark County
PERMIT NO. 42414

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		0	3	3
Calichi		3	20	17
Br Lime		20	25	5
Streak of Clay		25		
+ Gravel			320	295

RECEIVED
OCT 30 1978
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 10-12-, 1978
Date completed 10-15-, 1978

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 12¼ inches Total depth 320 feet
Casing record 0 - 320
Weight per foot ..... Thickness 154

Diameter	From	To
8 7/8 inches	0 feet	320 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type CMT
Depth of seal 50 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 50 feet to 320 feet

Perforations:
Type perforation Factory
Size perforation 8 Rows
From 260 feet to 320 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 93 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 Lee R. Thomas
Address 5965 N. Maverick
Nevada contractor's license number 10831
Nevada driller's license number 623
Signed Lee R. Thomas
Date 10-20-78

USE ADDITIONAL SHEETS IF NECESSARY

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