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. 2720
Permit No. 47002
Basin 212

#1365

OWNER John M Rosich ADDRESS ~~3413 Dewing Ln NV~~

2. LOCATION SW ¼ SW ¼ Sec. 4 T. 21 N. R. 60 E. CLARK County
PERMIT NO. 47002

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
CEMENTED GRAVEL	G	0	750	

RECEIVED
SEP 20 1984
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 4-1, 19 84
Date completed 6-1, 19 84

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 10 inches Total depth 750 feet
Casing record 0-750
Weight per foot ..... Thickness 1/8

Diameter	From	To
6 inches	0 feet	750 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type CONST. CEMENT
Depth of seal 0-50 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation ACCTYLENE
Size perforation 1/8 X 6 inches
From 600 feet to 750 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 600 Feet below land surface
Flow Good G.P.M.
Water temperature ..... ° 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 Charlie Cribbs
Address C/o 7250 W. Lone Mtn. Rd.
Nevada contractor's license number Bid under 12866
Nevada driller's license number 70
Signed Charlie Cribbs
Date 6-2-84

USE ADDITIONAL SHEETS IF NECESSARY