



WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 2164

1. OWNER DONNA PALMER ADDRESS AT WELL LOCATION 250 FT. WEST OF PAHRUMP VALLEY
 MAILING ADDRESS BOX 731 BLVD. + 250 FT. SOUTH OF CASH - PAHRUMP
PAHRUMP, NEV.
 2. LOCATION S.E. 1/4 S.E. 1/4 Sec. 10 T. 21 S. R. 53 E. NVE County
 PERMIT NO. LOT 3 BLK 3 PLANTATION ESTATES - PAHRUMP Subdivision Name

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	2	2
WHITE CALCICHE		2	8	6
GREY CALCICHE		8	11	3
BROWN CALCICHE		11	34	23
BROWN CLAY		34	41	7
GREY CLAY		41	58	17
HARD GREY CLAY		58	62	4
HARD WHITE CALCICHE		62	81	19
WHITE CALCICHE		81	105	24
BROWN CLAY		105	111	6
HARD BROWN CLAY		111	122	11
BROWN CLAY		122	133	11
OLIVE-GREEN CLAY		133	137	4
BROWN CLAY		137	140	3

8. WELL CONSTRUCTION
 Diameter hole 12 inches Total depth 140 feet
 Casing record 140 FT. 8 5/8" O.D.
 Weight per foot 14.11 Thickness .156
 Diameter 12 inches From 0 feet To 140 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 TORCH CUT
 Size perforation 3/8" X 12"
 From 80 feet to 140 feet

RECEIVED

MAY 6 1985

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 4-1 1986
 Date completed 4-8 1986

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 40 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 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 RON FLOYD PUMP & DRILLING Contractor
 Address BOX 157 PAHRUMP, NEV. Contractor
 Nevada contractor's license number 7479-A
 Nevada contractor's drillers number 1424
 Nevada driller's license number 1427 - STAN HARDIN Actual Driller
 Signed Stan Hardin Contractor
 Date 4-8-86

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours