DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 27976
Permit No. 43618
Basin 212

1. OWNER Jerry Fairchild ADDRESS 7280 Rome

2. LOCATION SW/4 NW 1/4 Sec. 26 T. 19 N/S R. 60 E. Clark County
PERMIT NO. 43618

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 + Calichi		0	20	20
Calichi Clay		20	110	90
Clay w/ Streak		110	290	180
of Br. Lime				
Hard white Lime		290	305	15
Clay + Lime		305	360	55

RECEIVED
MAY 10 1976
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 3-31-, 19 76
Date completed 4-11-, 19 76

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 12 1/4 inches Total depth 360 feet
Casing record 0-360
Weight per foot ..... Thickness 10.92

Diameter	From	To
8 5/8 inches	0 feet	360 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 360 feet

Perforations:
Type perforation Cutting torch
Size perforation
From 200 feet to 360 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 69 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 Lee R. Thomas
Address 5965 N. Maverick
Nevada contractor's license number 10831
Nevada driller's license number 623
Signed Lee R. Thomas
Date 5-5-76

USE ADDITIONAL SHEETS IF NECESSARY

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