

OFFICE USE ONLY
 Log No. 28438
 Permit No. _____
 Basin 8-104

WELL DRILLERS REPORT

Please complete this form in its entirety

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. _____

1. OWNER Fred Upson ADDRESS AT WELL LOCATION 7527 E. Sunset
 MAILING ADDRESS _____

2. LOCATION Area 1/4 Sec. 15 T. 15 N/S R. 26 E. Clark County
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Reddish</u>		<u>1</u>	<u>10</u>	<u>10</u>
<u>Yellow to comp</u>		<u>10</u>	<u>40</u>	<u>30</u>
<u>Blue granite</u>		<u>40</u>	<u>70</u>	<u>30</u>
<u>Hot water</u>		<u>70</u>	<u>80</u>	<u>10</u>
<u>Blue granite</u>		<u>80</u>	<u>100</u>	<u>20</u>

Called in A-H Drilling to finish well because of granite

8. WELL CONSTRUCTION
 Diameter hole 5 inches Total depth 100 feet
 Casing record _____
 Weight per foot _____ Thickness 188
 Diameter _____ From _____ To _____
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Lead Mix
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation tooth
 Size perforation _____
 From 100 feet to 50 feet
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started 4-13, 1957
 Date completed 4-20, 1957

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Margaret S. McLean Contractor
 Address 4340 Holly St E Contractor
 Nevada contractor's license number 18884
 Nevada contractor's drillers number _____
 Nevada driller's license number 707 Actual Driller
 Signed Helma J. McLean Contractor
 Date 4-20-57

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