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. 53720
Permit No.
Basin 212

1. OWNER Allen Catley ADDRESS Red Rock Las Vegas Nev.

2. LOCATION NW ¼ SE ¼ Sec. 6 T. 21 N/S R. 59 E. Clark County
PERMIT NO.

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
Red Rock		0	100	100
Red Rock with Fractures	X	100	300	200

RECEIVED
JAN 26 1982
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 12-17, 19 81
Date completed 12-25, 19 81

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 300 feet
Casing record 8 5/8
Weight per foot ..... Thickness .188

Diameter	From	To
8 5/8 inches	+1.5 feet	300 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Cement
Depth of seal 50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 300 feet

Perforations:
Type perforation Factory
Size perforation 1/8
From 180 feet to 200 feet
From 220 feet to 240 feet
From 260 feet to 280 feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 100 Feet below land surface 100
Flow N/A G.P.M. N/A
Water temperature N/A ° F. Quality N/A

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Water Well Services
Address 5715 S. Industrial Rd LV, Nev
Nevada contractor's license number 10791
Nevada driller's license number 692
Signed Beth Woody
Date 12-26-81

USE ADDITIONAL SHEETS IF NECESSARY

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