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. 57579
Permit No.
Basin

Deepening Job

1. OWNER Orrel Topham ADDRESS 4980 East Van Buren, Las Vegas

2. LOCATION NW ¼ NE ¼ Sec. 29 T. 20 N/S R. 62 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
Brown clay		108	110	2
Brown clay	xx	110	115	5
Brown clay		115	125	10
Brown sandy clay	xx	125	130	5
Brown sandy clay		130	150	20
Brown sandy clay	xx	150	155	5
Brown sandy clay		155	180	25
Brown sandy clay	xx	180	190	
Brown sandy clay		190	200	10

RECEIVED
AUG 20 1969
DIV. OF WATER RESOURCES
BRANCH OFFICE
LAS VEGAS, NEVADA

Date started 7/4/69, 19
Date completed 7/5/69, 19

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 40 Draw down 90 feet hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole inches Total depth feet
Casing record
Weight per foot Thickness

Diameter	From	To
6 5/8 inches	0 feet	200 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☐ Type
Depth of seal feet
Gravel packed: Yes ☐ No ☐
Gravel packed from feet to feet

Perforations:
Type perforation torch cut
Size perforation 3/16"x10"
From 100 feet to 200 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 75 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 S.R. McKinney & Sons, Inc.
Address 1042 S Main Las Vegas, Nev.
Nevada contractor's license number 2065
Nevada driller's license number 45
Signed [signature]
Date 8/14/69

USE ADDITIONAL SHEETS IF NECESSARY

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