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. 57778
Permit No.
Basin 212

0305

1. OWNER TRICKLE + KERTZ ADDRESS 6965 PLACID

2. LOCATION NW ¼ SE ¼ Sec. 4 T. 22 N/S R. 61 E. CLARK County
PERMIT NO.

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand + Clay		0	21	21
Caliche		21	32	11
Clay + Gravel		32	70	33
Cmt Gravel w/		70		
Streak of Clay			305	235

RECEIVED
APR 8 1982
Div. of Water Resources
Branch Office—Las Vegas, Nev.

Date started 1-15-, 19 82
Date completed 1-18-, 19 82

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 12¼ inches Total depth 305 feet
Casing record 0-305
Weight per foot ..... Thickness 156

Diameter	From	To
8 5/8 inches	0 feet	305 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 305 feet

Perforations:
Type perforation Factory
Size perforation 1/8 x 8"
From 245 feet to 305 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL

Static water level 87 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 3-23-82

USE ADDITIONAL SHEETS IF NECESSARY

O-627