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. 58447
Permit No.
Basin

1. OWNER Bobby R. McNeeley ADDRESS 210 East Charleston L.V. Nev.

2. LOCATION NW ¼ SW ¼ Sec. 34 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 sandy clay		0	4	4
Gravel		4	18	14
Gravel brown clay		18	25	
Gravel		25	35	10
Gravel		35	40	5
Brown clay		40	45	5
Brown clay gravel		45	50	5
Brown clay		50	60	10
Brown clay gravel	xx	60	70	10
Brown clay		70	80	10
Brown clay gravel	xx	80	122	42
Brown clay		122	125	3

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

Date started August 4, 19 69
Date completed August 8, 19 69

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 60 Draw down 55 feet hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 10 inches Total depth 125 feet
Casing record
Weight per foot Thickness

Diameter	From	To
8 5/8" inches	0 feet	125 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

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

Perforations:
Type perforation torch cut
Size perforation 3/16"x10"
From 60 feet to 125 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 45 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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