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. 58631
Permit No.
Basin 212

2V

1. OWNER MARY HARRISON ADDRESS 167 E ROBINDALE

2. LOCATION NW ¼ SE ¼ Sec. 9 T. 22 N/S R. 61 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
CALICHE		0	26	26
CEMENTED GRAVEL		26	36	8
BRN. SANDY CLAY		34	60	26
COURSE GRAVEL		60	66	6
RED STICKEY CLAY		66	142	76
WATER GRAVEL		142	152	10
BRN. CLAY + GRAVEL		152	195	43
COURSE GRAVEL		195	202	7
BRN. CLAY + GRAVEL		202	220	18

RECEIVED
AUG 31 1976
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 8-5, 1976
Date completed 8-18, 1976

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 30 Draw down 22 feet ½ hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 12 inches Total depth 220 feet
Casing record 8 5/8
Weight per foot 12.20 Thickness 10 GA

Diameter	From	To
8 5/8 inches	0 feet	220 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 feet to feet

Perforations:
Type perforation TORCH
Size perforation 1/4 x 4 x 4 AROUND
From 140 feet to 220 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 130 Feet below land surface
Flow G.P.M.
Water temperature ° F. Quality GOOD

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

Name ALLEN WATER WELL SERVICE
Address P.O. BOX 15149 L.V. NEV. 89114
Nevada contractor's license number 5095
Nevada driller's license number HO
Signed [signature]
Date 8-23-76

USE ADDITIONAL SHEETS IF NECESSARY

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