

WELL DRILLERS REPORT

Please complete this form in its entirety

Log No. 59131
 Permit No. _____
 Basin _____

#1555



1. OWNER Roy Coffman ADDRESS 5889 East Lake Mead, L. V.

2. LOCATION NW 1/4 SE 1/4 Sec. 27 T. 21 N/S R. 21 E 62 County _____
 PERMIT NO. _____

3. TYPE OF WORK	4. PROPOSED USE	5. TYPE WELL
New Well <input checked="" type="checkbox"/> Recondition <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/>	Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/>
Deepen <input type="checkbox"/> Other <input type="checkbox"/>	Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/>	Other <input type="checkbox"/>

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
sandy soil		0	5	5
sandy clay		5	15	10
graveley clay		15	19	4
very little bit of water				
sandy clay		19	30	11
brown clay		30	102	72
grey clay		102	110	8
brown clay		110	115	5
grey clay		115	135	20
grey clay & gypsom		135	160	25
grey clay		160	170	10
sandstone and gravel	XXX	170	200	30

8. WELL CONSTRUCTION

Diameter hole 10 inches Total depth 200 feet
 Casing record 8 5/8" to 200 ft.
 Weight per foot 156 Wall Thickness _____

Diameter	From	To
12" Hole inches	0	50
10" Hole inches	50	200
8 5/8 Inch inches	0	200

Surface seal: Yes No Type cement
 Depth of seal 50 ft.
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation torch cut
 Size perforation 3/16" X 10"
 From 100 feet to 200 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

RECEIVED

DEC 19 1984

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 5-1-84 19_____
 Date completed 5-4-84 19_____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
bailed 10 G.P.M. drew down to 170 ft in one hour.			

BAILER TEST

G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours

9. WATER LEVEL

Static water level 7 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 St. Las Vegas, Nev.

Nevada contractor's license number 2065
 Nevada driller's license number 45

Signed [Signature]
 Date 11-9-84

