

WELL DRILLERS REPORT

Please complete this form in its entirety

Log No. 59691
 Permit No. _____
 Basin _____

1. OWNER Dr. B.J. Lilly ADDRESS 2023 Paradise Rd., L.V., Nev.

2. LOCATION NW XXX 1/4 NW 1/4 Sec. 31 T. 21 N/S.R. 62 E. Clark 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
Brown Sand		0	2	2
Caliche		2	3	1
Brown Sandy Clay		3	10	7
Brown Clay Gravel		10	20	10
Brown Sandy Clay		20	40	20
Sand Clay Gravel	XX	40	55	15
Sand Clay Gravel		55	60	5
Sandy Clay		60	80	20
Brown Clay		80	90	10
Brown Clay	XX	90	100	10
Brown Clay		100	120	20
Brown Clay Sand	XX	120	130	10
Brown Clay		130	140	10
Gravel	XX	140	148	8
Brown Sandy Clay		148	150	2

8. WELL CONSTRUCTION

Diameter hole 8 inches Total depth 150 feet
 Casing record _____
 Weight per foot 10 gauge Thickness _____

Diameter	From	To
<u>12</u> inches	<u>0</u> feet	<u>50</u> feet
<u>10</u> inches	<u>50</u> feet	<u>80</u> feet
<u>8</u> inches	<u>80</u> feet	<u>150</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
 Depth of seal cemented down 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation torch cut
 Size perforation 3/16" x 10"
 From 90 feet to 150 feet
 From _____ feet to _____ feet

RECEIVED
 JUN 17 1969

DIV. OF WATER RESOURCES
 BRANCH OFFICE
 LAS VEGAS, NEVADA

Date started 3/25/69, 19_____
 Date completed 3/28/69, 19_____

7. WELL TEST DATA

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

9. WATER LEVEL

Static water level 0 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., L.V., Nev.
 Nevada contractor's license number 2065
 Nevada driller's license number 45
 Signed J. McKinney
 Date 3/31/69

BAILER TEST

G.P.M. 60 Draw down 50 feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours

