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

Book

OFFICE USE ONLY
Log No. 60161
Permit No.
Basin 212

1. OWNER C. D. BAKER ADDRESS

2. LOCATION S 1/2 of SW ¼ Sec 29 T. 19 S N/S R. 60 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
Sand + Rocks		0	18	18
Clay + Gravel		18	96	78
Cmt Gravel		96	118	22
Clay + Gravel		118	360	242

RECEIVED
MAR 2 1979
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 12-28- , 1978
Date completed 12-29- , 1978

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 12 1/4 inches Total depth 360 feet
Casing record 0 - 360
Weight per foot ..... Thickness 141

Diameter		From		To	
8 5/8	inches	0	feet	360	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 ..... feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 50 feet to 360 feet

Perforations:
Type perforation Factor-4
Size perforation
From 300 feet to 360 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 203 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 2-27-79

USE ADDITIONAL SHEETS IF NECESSARY

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