WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

1st Book

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 60227
Permit No.
Basin

1. OWNER Skeet Fitzgerald ADDRESS 4925 Chiefton

2. LOCATION SE ¼ SE ¼ Sec. 31 T. 19 ☒/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	48	48
Clay + Gravel		48	310	262
cmt Gravel		310		
w/ streak of			450	140
Clay				

RECEIVED
MAY 29 1979
Div. of Water Resources
Branch Office—Las Vegas, Nev.

Date started 4-10-, 1979
Date completed 4-16-, 1979

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 450 feet
Casing record 0-450
Weight per foot ..... Thickness .....

Diameter	From	To
8 5/8 inches	0 feet	450 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 50 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 50 feet to 450 feet

Perforations:
Type perforation Factory
Size perforation
From 390 feet to 450 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 320 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 5-20-79

USE ADDITIONAL SHEETS IF NECESSARY

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