



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. **1338**

PRINT OR TYPE ONLY

1. OWNER **J. M. Richards** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION **S.W. 1/4 S.W. 1/4 Sec. 8 T. 17 N/S R. 52 E** County **Nye**
 PERMIT NO. _____ Parcel No. **40 Bar Estates** Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock Other
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Loose Sand		0	2	2
Hard Clay		2	7	5
Loose gravel		7		
& Boulders			40	33
Coarsened Gravel		40	120	80
Running Sand & gravel	XX			

8. WELL CONSTRUCTION
 Diameter hole **12 1/4** inches Total depth **120** feet
 Casing record **8 3/8 x 120'**
 Weight per foot **14.56** Thickness **156**
 Diameter **8 3/8** inches From **0** feet To **120** feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type **Cement**
 Depth of seal **65** feet
 Gravel packed: Yes No
 Gravel packed from **65** feet to **120** feet
 Perforations:
 Type perforation **Torch**
 Size perforation **1 1/8 x 6 3 Rows**
 From **80** feet to **40** feet
 From _____ feet to _____ feet

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 Branch Office - Las Vegas, NV

9. WATER LEVEL
 Static water level **40** feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started **8-10**, 19**84**
 Date completed **9-11**, 19**84**

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Custom Drilling** Contractor
 Address **4425 Stacey Ave** Contractor
 Nevada contractor's license number **19219**
 Nevada contractor's drillers number _____
 Nevada driller's license number **1081** Actual Driller
 Signed **C.B. Campbell** Contractor
 Date **10-15-84**

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