DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 61005
Permit No. 23047
Basin 230

1. OWNER Spring Meadows, Inc. ADDRESS (Ash Meadows) Lathrop Wells, Nev.

2. LOCATION 7 E ¼ N W ¼ Sec. 4 T. 18 S. B/S R. 50 E. Nye County
PERMIT NO. 23047 Test Hole #20 - Site #17

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		0'	7'	7'
Peet moss		7'	12'	5'
Brown clay		12'	18'	6'
Brown bentonetic clay		18'	60'	42'
White bentonetic clay		60'	110'	50'

Date started Dec. 2, 1968
Date completed Dec. 4, 1968

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 6-5/8" inches Total depth 110 feet
Casing record No Casing
Weight per foot ..... Thickness .....

Diameter	From	To
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☒ Type .....
Depth of seal ..... feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation .....
Size perforation .....
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level ..... 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 Lewis C. Cook
Address Box 244 Lathrop Wells, Nev.
Nevada contractor's license number 5376
Nevada driller's license number 279
Signed Lewis C. Cook
Date Dec. 7 - 1968

USE ADDITIONAL SHEETS IF NECESSARY

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