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

OFFICE USE ONLY
Log No. 10/104
Permit No.
Basin

1. OWNER Charlotte Floyd, Bruce Floyd ADDRESS

2. LOCATION SW ¼ NE ¼ Sec. 2 T. 21 S R. 53 E Nye County
PERMIT NO. [redacted]

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
well deepened		100	200	100
caliche hard white		100	106	6
white clay		106	127	21
brown clay, caliche streks		127	150	23
caliche - brown		150	157	7
caliche brown clay		157	185	28
clay brown		185	190	5
caliche		190	200	10

RECEIVED
FEB 28 1983
Div. of Water Resources
Branch Office — Las Vegas, Nev

Date started 10/2, 1982
Date completed 10/6, 1982

7. WELL TEST DATA

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

BAILER TEST
G.P.M. N/A Draw down feet hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 15" inches Total depth 200' feet
Casing record 8 5/8
Weight per foot Thickness .250 wall

Diameter	From	To
8 5/8 inches	200 feet	0 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type concrete
Depth of seal feet
Gravel packed: Yes ☐ No ☐
Gravel packed from feet to feet

Perforations:
Type perforation torch
Size perforation ¼" by 12"
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 33' 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 John Floyd
Address P.O. Box 252 Pahrump
Nevada contractor's license number 19268
Nevada driller's license number 588
Signed John Floyd
Date 2-3-83

USE ADDITIONAL SHEETS IF NECESSARY

O-627