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. 61217
Permit No.
Basin 162

PERMIT # 0681

1. OWNER JIM STOVER ADDRESS LAS VEGAS, NEVADA

2. LOCATION NE ¼ SE ¼ Sec. 36 T. 19-S N/S R. 52 E. NYE County
PERMIT NO.

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [X] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [ ]

5. TYPE WELL
Cable [X] Rotary [ ]
Other [ ]

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SURFACE		0	4	4
WHITE CLAY		4	28	24
BROWN CLAY		28	66	38
WHITE CLAY	X	66	110	44
BROWN CLAY/ GRAVEL	X	110	160	50

RECEIVED
JUN 8 1982
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started MAY 19, 19 82
Date completed MAY 21, 19 82

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 20 Draw down 3 feet 1/4 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 160 feet
Casing record 8" CASING 140' deep
Weight per foot 15# Thickness .156

Diameter	From	To
8" inches	0 feet	160 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type CONCRETE
Depth of seal 50' feet
Gravel packed: Yes [ ] No [X]
Gravel packed from feet to feet

Perforations:
Type perforation TORCH CUT
Size perforation 3/8"W X 8"L
From 100 feet to 160 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 56 Feet below land surface 55
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 CHARLES NYBERG

Address STAR ROUTE 5231, PAHRUMP, NV. 89041

Nevada contractor's license number 7484

Nevada driller's license number 725

Signed [signature]

Date 6/5/82

USE ADDITIONAL SHEETS IF NECESSARY

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