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. 61276
Permit No.
Basin

0226 Notice #0226

1. OWNER Ray D"Alessio ADDRESS 3650 Stober Blvd, NV 89103

2. LOCATION NE ¼ NE ¼ Sec. 10 T. 21 N/S R. 53 E. Nye 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
Surface		0	3	3
caliche formation		3	15	12
tough white clay		15	56	41
soft white clay	x	56	104	44
caliche	x	104	116	12
caliche formation	x	116	140	24

RECEIVED
SEP 18 1981
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 9-4, 1981
Date completed 9-4, 1981

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 20 Draw down 3 feet ¼ hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 140 feet
Casing record 8" casing 140' deep
Weight per foot 13½ lbs Thickness 10ga

Diameter	From	To
8 inches	0 feet	140 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 50' feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation torch cut
Size perforation 3/8" X 8"
From 80 feet to 140 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 36 Feet below land surface 35
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 Rt. 5231 Pahrump, NV 89041
Nevada contractor's license number 7484
Nevada driller's license number 125
Signed Charles Nyberg
Date 9-17-81

USE ADDITIONAL SHEETS IF NECESSARY

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