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

In Book

OFFICE USE ONLY
Log No. 61685
Permit No.
Basin 220

1. OWNER Ralph E. Hill ADDRESS P.O. Box 392
Logendale Nev.

2. LOCATION NW ¼ NE ¼ Sec. 35 T. 15 S/S R. 67 E. Clark 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
Top Soil		0	2	
Gravel Cobble Rocks		2	72	
Clay		72	84	

RECEIVED
APR 22 1983
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started May 14, 19 82
Date completed May 25, 19 82

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 8 inches Total depth 84 feet
Casing record 84 of Steel
Weight per foot ..... Thickness .188

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

Surface seal: Yes ☒ No ☐ Type Cement
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Stone Cut
Size perforation 1/8 in x 3 in
From 62 feet to 82 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 59 Ft. Feet below land surface
Flow ..... G.P.M.
Water temperature Cool ° F. Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Murvin C. Cox
Address Cane Beds Valley Moccasin Ariz.
Nevada contractor's license number 018239
Nevada driller's license number 1074
Signed Murvin C Cox
Date June 23, 1882

USE ADDITIONAL SHEETS IF NECESSARY

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