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. 62289
Permit No.
Basin

1. OWNER Sam Barkes ADDRESS Pahrump

2. LOCATION N.W. ¼ S.W. ¼ Sec. 18 T. 21 N/S R. 54 E. Nye N County
PERMIT NO. Domestic

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 Clay		0	6	6
White Clay		6	16	10
Caliche & Hard Clay	34	16	36	20
Sandy with Clay Stks	–	36	96	60
Hard Shell	–	96	99	03
Soft Clay	–	99	115	16
Caliche		115	117	02
Clay –		117	120	03

RECEIVED
MAR 18 1974
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 12/20, 1972
Date completed 2/15, 1973

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 12 5/8 inches Total depth 120 feet
Casing record
Weight per foot 12.50 Thickness 10 gage

Diameter	From	To
8 5/8 inches	0 feet	120 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 120 feet to 50 feet

Perforations:
Type perforation Torch Cut
Size perforation 1/4" X 3 Rounds 10" apart
From 60 feet to 120 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 34 Feet below land surface
Flow G.P.M.
Water temperature ° F. Quality good

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

Name Ron Floyd Pump Co
Address P.O. Box 157 Pahrump
Nevada contractor's license number 7479
Nevada driller's license number 476
Signed Kenny E. Floyd
Date 1/4/74

USE ADDITIONAL SHEETS IF NECESSARY

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