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. 03131
Permit No.
Basin

1. OWNER STEVE CHOAN ADDRESS

2. LOCATION NE ¼ NE ¼ Sec. 6 T. 20 N/S R. 53 E. MYE 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
CLAY		0'	5'	5'
DAY GRANULATED CLAY		5'	30'	25'
CALICHIE & CLAY STR		30'	60'	30'
SANDY W/ CLAY		60'	100'	40'
CALICHIE		100'	101'	1'
BENTONITE		101'	112'	11'
CLAY & CALICHIE STR		112'	140'	28'

RECEIVED
APR 23 1980
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 1-3-, 19 80
Date completed 1-20-, 19 80

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 25 Draw down 20 feet 1 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 12 1/4 inches Total depth 140 feet
Casing record
Weight per foot 12.75 Thickness .134

Diameter	From	To
8 5/8 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 cement
Depth of seal 50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 140 feet

Perforations:
Type perforation TORCH CUT
Size perforation 3/8" x 12" 2 ROWS
From 100 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 31 Feet below land surface 31
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 WAYNE Floyd PUMP & DRILL.
Address P.O. BOX 32 A. PAHRUMP.
Nevada contractor's license number 12344
Nevada driller's license number 643
Signed Wayne Floyd
Date 2-20-80

USE ADDITIONAL SHEETS IF NECESSARY

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