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. 64254
Permit No.
Basin 164A

OWNER GROVER R. + DORA M. LOFTIS ADDRESS

2. LOCATION SE ¼ LOT 5 BLK 60 ¼ Sec. 20 T. 25S N/S R. 58 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
SURFACE SOIL		0'	3'	3'
CALICHE		3'	18'	15'
WATER	18'			
RED CLAY		18'	35'	17'
WHITE CLAY		35'	55'	20'
RED CLAY		55'	100'	45'

RECEIVED
NOV 13 1980
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started SEPT. 16, 19 80
Date completed SEPT. 27, 19 80

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
1½		1	3

BAILER TEST
G.P.M. 45 Draw down 0 feet 3 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole EIGHT inches Total depth 100 feet
Casing record 100 FT. 8" CASING
Weight per foot 12.15 Thickness 10 GAUGE

Diameter	From	To
EIGHT inches	0 feet	100 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 50 feet to 100 feet

Perforations:
Type perforation TORCH
Size perforation 3" LONG 3/16"
From 55 feet to 95 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 18 Feet below land surface 18
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 BILL BLOOD
Address 1610 E. LAMADRE WAY N.L.V. NEV. 89030
Nevada contractor's license number 13264
Nevada driller's license number 798
Signed Bill Blood
Date Sept. 27, 1980

USE ADDITIONAL SHEETS IF NECESSARY

O-627