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. 65442
Permit No.
Basin 204

1. OWNER Lloyd R. Lee ADDRESS Caliente Nevada

2. LOCATION SW ¼ NW ¼ Sec. 8 T. 4 N/S R. 67 E. LINCOLN County
PERMIT NO. Lot 4. Block 49. City of Caliente

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☒ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐
Heating

5. TYPE WELL
Cable ☒ Rotary ☐
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay		0	10	10
Clay & gravel brown		10	16	6
sandy clay gray		16	50	34
clay layers shale		50	110	60

RECEIVED
MAR 2 1970
DIV. OF WATER RESOURCES
BRANCH OFFICE
LAS VEGAS, NEVADA

Date started Feb. 12, 19 70
Date completed Feb. 28, 19 70

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	120	10.4"	5

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 10 inches Total depth 110 feet
Casing record
Weight per foot ..... Thickness 1/4

Diameter	From	To
10 inches	0 feet	110 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☒ Type
Depth of seal ..... feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 0 feet to 110 feet

Perforations:
Type perforation Torch
Size perforation 1/4 x 10
From 84 feet to 110 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 11 Feet below land surface
Flow ..... G.P.M.
Water temperature 115 ° 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 DARELL H FREE
Address PANACA Nevada
Nevada contractor's license number 3422
Nevada driller's license number 30
Signed Darell Free
Date Feb 28-70

USE ADDITIONAL SHEETS IF NECESSARY

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