

Log No. 66294
 Permit No. _____
 Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER W. H. ... ADDRESS _____

2. LOCATION S. 1/4 S. 1/4 Sec. 16 T. 17 N/S R. 6 E Clark County
 PERMIT NO. 66294

3. TYPE OF WORK		4. PROPOSED USE			5. TYPE WELL	
New Well <input checked="" type="checkbox"/>	Recondition <input type="checkbox"/>	Domestic <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Test <input checked="" type="checkbox"/>	Cable <input type="checkbox"/>	Rotary <input type="checkbox"/>
Deepen <input type="checkbox"/>	Other <input type="checkbox"/>	Municipal <input type="checkbox"/>	Industrial <input type="checkbox"/>	Stock <input type="checkbox"/>	Other <input type="checkbox"/>	

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>...</u>		<u>0</u>	<u>1</u>	
<u>...</u>		<u>1</u>	<u>2</u>	
<u>...</u>		<u>2</u>	<u>3</u>	
<u>...</u>		<u>3</u>	<u>4</u>	
<u>...</u>		<u>4</u>	<u>5</u>	
<u>...</u>		<u>5</u>	<u>6</u>	
<u>...</u>		<u>6</u>	<u>7</u>	
<u>...</u>		<u>7</u>	<u>8</u>	
<u>...</u>		<u>8</u>	<u>9</u>	
<u>...</u>		<u>9</u>	<u>10</u>	

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 DIVISION OF WATER RESOURCES
 APR 5 1980

8. WELL CONSTRUCTION

Diameter hole 6 1/2 inches Total depth 10 1/2 feet
 Casing record _____
 Weight per foot _____ Thickness _____

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type ...
 Depth of seal 10 1/2 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ Feet below land surface
 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 ...
 Address ...
 Nevada contractor's license number _____
 Nevada driller's license number 1014
 Signed ...
 Date 10-17-80

Date started 10-17-80, 19____
 Date completed 10-17-80, 19____

7. WELL TEST DATA

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

BAILER TEST

G.P.M.	Draw down	feet	hours