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. 66303
Permit No.
Basin

1. OWNER Nevada Power Co ADDRESS

2. LOCATION SE ¼ NE ¼ Sec. 34 T. 14 N/S R. 66 E. Clark County
PERMIT NO. test hole No 31

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
Brown Sand Clay + Cobbles		0	5	
Gravel + Cobbles		5	12	
Muddy Creek Clays		12	104	

RECEIVED
DEC 5 1980
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 11-7-, 1980
Date completed 11-7, 1980

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
None			

BAILER TEST
G.P.M. None Draw down ..... feet ..... hours
G.P.M. None Draw down ..... feet ..... hours
G.P.M. Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter hole 8 3/4 inches Total depth 104 feet
Casing record Sch 40 PVC
Weight per foot ..... Thickness Sch 40

Diameter	From	To
6 in inches	+2 feet	104 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Bentonite
Depth of seal 2' feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Mill Saw
Size perforation 1/8 x 3"
From 64 feet to 104 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 27.16 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 Murvin C. Cox
Address Cane Beds Valley Moccasin Ariz
Nevada contractor's license number
Nevada driller's license number 1074
Signed Murvin C. Cox
Date 11-7-80

USE ADDITIONAL SHEETS IF NECESSARY

O-627