WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 19347
Permit No. 35731
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

(LOPEZ)

1. OWNER Security Housing Corp ADDRESS

2. LOCATION SE ¼ NE ¼ Sec. 16 T. 22 N/S R. 60 E/W Clark County
PERMIT NO. 35731

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
Sand Gravel & Rock		0	19	19
Cmt Gravel w/				
Streak of Clay		19	605	586

RECEIVED
AUG 15 1978
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 6-22-, 19 78
Date completed 7-5-, 19 78

7. WELL TEST DATA

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

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 12¼ inches Total depth 605 feet
Casing record 0 - 605
Weight per foot ..... Thickness .154

Diameter	From	To
8 5/8 inches	0 feet	605 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cmt
Depth of seal 50 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 50 feet to 605 feet

Perforations:
Type perforation Cutting torch
Size perforation
From 565 feet to 605 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 480 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 Lee R. Thomas
Address 5965 N. Maverick
Nevada contractor's license number 10831
Nevada driller's license number 623
Signed Lee R. Thomas
Date 8-9-78

USE ADDITIONAL SHEETS IF NECESSARY

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