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. 36149
Permit No. 50125
Basin 214

Book 1

1. OWNER Norma Campbell ADDRESS

2. LOCATION SE ¼ SW ¼ Sec. 32 T 31 S N/S R 64 E County
PERMIT NO. 50125

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
Decomposed granite w/ clay streaks		0	246	246
Fractured granite		246	265	19
Soft granite		265	415	
Granite w/ fractures		415	640	

RECEIVED
JUN 17 1991
Div. of Water Resources
Branch Office - Las Vegas, NV

Date started ....., 19.....
Date completed ....., 19.....

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3600	45	130	24

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 12 inches Total depth 640 feet
Casing record
Weight per foot ..... Thickness .250

Diameter	From	To
8 5/8 inches	0 feet	420 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 110 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 110 feet to 640 feet

Perforations:
Type perforation Mill slot
Size perforation 1/8" x 2 1/2"
From 420 feet to 640 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 418 Feet below land surface 418
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 A & A Pump and Drilling
Address New Castle, Utah 84757
Nevada contractor's license number 0018239
Nevada driller's license number 811
Signed [signature]
Date Jan 19/91

USE ADDITIONAL SHEETS IF NECESSARY

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