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DIVISION OF WATER RESOURCES

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STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 54384
Permit No.
Basin 212

1. OWNER DICK MANTOR ADDRESS 1054 KING RICHARD Dr.

2. LOCATION SW ¼ NW ¼ Sec. 24 T. 22 N/S R. 59 E. CLARK County
PERMIT NO.

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			3	
COLECHIE		3	23	20
LAYERS LIME ROCK		20	400	380
HARD DOLEMITE		400	430	30
	DRY HOLE			
THIS OBSERVATION HOLE DRILLED				
NO WATER ENCOUNTERED				

RECEIVED
JUL ? 1970
DIV. OF WATER RESOURCES
BRANCH OFFICE
LAS VEGAS, NEVADA

Date started 2/14, 1970
Date completed 3/30, 1970

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 10 inches Total depth 430 feet
Casing record NO CASING
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 .... 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
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 CHARLIE CRIBBS
Address Po 1162 LASVEGAS
Nevada contractor's license number 1018
Nevada driller's license number 70
Signed S B Rodgers
Date 4/15 1970

USE ADDITIONAL SHEETS IF NECESSARY

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