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. 5937251
Permit No.
Basin 212

1. OWNER George C. Kenne ADDRESS 8225 South Gilespie

2. LOCATION NE ¼ NW ¼ Sec. 16 T. 22 N/S R. 61 E. Clark County
PERMIT NO. or 8225 South Gilespie

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
Red Clay		150	165	15
Gravel	W	165	168	3
Red Clay		168	178	10
Gravel	W	178	300	122

RECEIVED
FEB 7 1974
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started January 27, 19 74
Date completed February 2, 19 74

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 8 inches Total depth 300 feet
Casing record 6 5/8"
Weight per foot ..... Thickness .134

Diameter	From	To
6 5/8 inches	140 feet	300 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 Field Torch
Size perforation 1/8" X 15"
From 260 feet to 300 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 120 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 Effinger Drilling & Pump Service
Address Box 579 City
Nevada contractor's license number 3768
Nevada driller's license number 212
Signed A. Effinger
Date February 5, 1974

USE ADDITIONAL SHEETS IF NECESSARY

5471