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. 60360
Permit No.
Basin 212

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Andy Richardson ADDRESS

2. LOCATION SW/4 SW¼ Sec. 33 T. 19 N/S R. 60 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 + Rocks		0	15	15
Gravel + Clay		15	62	47
Br Lime		62	76	12
Clay + Gravel		76	300	224
Cmt + Gravel		300	400	100

RECEIVED
APR 26 1977
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 3-6-, 1977
Date completed 3-10-, 1977

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 400 feet
Casing record 0 – 400
Weight per foot ..... Thickness 12 ga.

Diameter	From	To
8⅝ inches	0 feet	400 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 400 feet

Perforations:
Type perforation Factory S. Row's
Size perforation
From 320 feet to 400 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 182 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 4-21-77

USE ADDITIONAL SHEETS IF NECESSARY

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