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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

in book

OFFICE USE ONLY
Log No. 60964
Permit No.
Basin 230

1. OWNER Hershel Clark ADDRESS Crystal Nev.

2. LOCATION SW ¼ N-W ¼ Sec. 8 T. 17S N/S R. 52 E. Nye 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
Top Soil		0	6	6
Clay		6	12	6
Cemented Gravel		6	150	

RECEIVED
DEC 4 1979
Div. of Water Resources
Branch Office—Las Vegas, Nev.

Date started 9-25, 1979
Date completed 9-28, 1979

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 12 1/4 inches Total depth 150' feet
Casing record 8 5/8 To 130 6 5/8 To 150
Weight per foot 15.50 Thickness .172

Diameter		From		To	
8 5/8	inches	0	feet	130	feet
6 5/8	inches	130	feet	150	feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet

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

Perforations:
Type perforation Torch
Size perforation 1/8 x 6"
From 90 feet to 150' feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 40 Feet below land surface 40
Flow ..... G.P.M. 50
Water temperature Cool ° F. Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name L. B. Copeland
Address 4425 Stacey Ave LV N
Nevada contractor's license number 016521
Nevada driller's license number 1081
Signed L. B. Copeland
Date

USE ADDITIONAL SHEETS IF NECESSARY

O-627