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. 61903
Permit No.
Basin

WELL DRILLERS REPORT

1 in 800

Please complete this form in its entirety

1. OWNER DONALD MONTGOMERY ADDRESS VICKEY AVE. RD
PAHRUMP NV 89041

2. LOCATION N2 ¼ N2 ¼ Sec. 14 T. 21 N/S R. 53 E 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
BROWN CLAY		0	17	17
GREY CLAY		17	80	63
GREY CLAY w/ CLEGIE STREAKS		80	160	80

RECEIVED
AUG 14 1981
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 8-4, 19 81
Date completed 8-4, 19 81

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 160 feet
Casing record 160
Weight per foot 14.53 Thickness 156

Diameter	From	To
8 5/8 inches	0 feet	160 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 50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 160 feet

Perforations:
Type perforation TORCH
Size perforation 1/4 X 12
From ..... feet to ..... feet
From 80 feet to 160 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 45 Feet below land surface 45
Flow ..... G.P.M.
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 G. D. Lockehart
Address 4425 Stacey Ave. L.V.
Nevada contractor's license number 011521
Nevada driller's license number 1081
Signed G. D. Lockehart
Date 8-10-81

USE ADDITIONAL SHEETS IF NECESSARY

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