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

OFFICE USE ONLY
Log No. 62641 in Book
Permit No.
Basin 163

1. OWNER Mr. Ed Mostaller ADDRESS 4705 W Alta Dr. Las Vegas

2. LOCATION SW ¼ NW ¼ Sec. 16 T. 25 N/S R. 57 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
Top Soil		0	3	3
Brown Clay		3	12	9
Coletchie		12	16	4
Brown Clay		16	44	28
Coletchie		44	62	18
Brown Clay		62	83	21
Coletchie		83	95	12
Brown Clay		95	100	5

RECEIVED
JUL 25 1980
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 7-16, 19 80
Date completed 7-28, 19 80

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. 50 Draw down 21 feet 2½ hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 12 inches Total depth 100 feet
Casing record 8 inch
Weight per foot 10 LBS Thickness 10 Gage

Diameter	From	To
8 inches	0 feet	100 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Cemented
Depth of seal 50 feed feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 100 feet

Perforations:
Type perforation Sawed perff
Size perforation 1/8
From 60 feet to 100 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 41 Feet below land surface
Flow G.P.M.
Water temperature Cold °F. Quality Good

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

Name Harold Dwayne Newton
Address Star Route Box 1060 Jean Nev
Nevada contractor's license number 7484
Nevada driller's license number 1137
Signed Harold D Newton
Date 7-28-80

USE ADDITIONAL SHEETS IF NECESSARY

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