DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

#1638

In Book

OFFICE USE ONLY
Log No. 64014
Permit No.
Basin 163

1. OWNER JAMES A. Todd ADDRESS

2. LOCATION NE ¼ NE ¼ Sec. 36 T. 24 ~~N~~/S R. 56 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		0	3	3
CLAY		3	32	29
Consolidated CLAY		32	65	33
CONGLOMERATE	WTR'S	65	79	14
CALICHI	WTR	79	86	7
CLAY		86	92	6
CALICHI	WTR	92	108	16
CLAY		108	112	4
CALICHI	WTR	112	115	3
CLAY		115	135	20
CALICHI	WTR	135	140	5

RECEIVED
OCT 25 1984
Div. of Water Resources

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Branch Office - Las Vegas, NV

Date started Oct 7-84, 1984
Date completed Oct - 14, 1984

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 30 Draw down 2 feet 1 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 14 inches Total depth 140 feet
Casing record 8 5/8 STEEL
Weight per foot 12.5 Thickness .156"

Diameter	From	To
8 5/8 inches	0 feet	140 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 140 feet

Perforations:
Type perforation FLAME CUT
Size perforation
From 110 feet to 140 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 65 Feet below land surface
Flow G.P.M.
Water temperature 68 ° 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 Robert Spurlock
Address Box 610 HCR 70 Sandy Valley Nev. 89019
Nevada contractor's license number 020301
Nevada driller's license number 1352
Signed Robert M Spurlock
Date Oct 23 1984

USE ADDITIONAL SHEETS IF NECESSARY

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