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. 52404
Permit No.
Basin 161

1. OWNER Jim Graubergek ADDRESS INDIAN SPGS NEV
TRACT 48 LOT 6
2. LOCATION ¼ ¼ Sec. 9-16 T. 16 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
CLAY	X	0	40	40
CLAY + ROCK	X	40	85	45
CLAY + GRAVEL	X	85	150	65

RECEIVED
JUL 17 1981
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 6-29, 19 81
Date completed 6-30, 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 12 inches Total depth 150 feet
Casing record
Weight per foot ..... Thickness 188

Diameter	From	To
8 5/8 inches	+1 feet	150 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 150 feet

Perforations:
Type perforation Factory
Size perforation 1/8 x 6
From 120 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 20 Feet below land surface
Flow ..... G.P.M.
Water temperature Cool ° 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 Valley Drilling
Address 4375 No. Tioga Las Vegas Nev.
Nevada contractor's license number 016696
Nevada driller's license number 694
Signed [signature]
Date 7-17-81

USE ADDITIONAL SHEETS IF NECESSARY

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