DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 9677
Permit No. 25063
Basin

Good

1. OWNER Wm EARL HAYWARD ADDRESS Mc GILL HiWAY, ELY

2. LOCATION SW NW W½ Sec. 30 Mc GILL HIWAY ¼ Sec. T. 17 N/S R. 69 E White PINE 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
silt and small gravel		0	53	53
large gravel		53	56	3
silt and small gravel		56	94	38
small gravel	X	94	96	2
silt and sand		96	101	5
sand	X	101	108	7
silt and sand		108	114	6
sand	X	114	118	4
silt and sand		118	128	10
sand	X	128	131	3
silt and sand		131	143	12

Date started AUG 17, 19 67
Date completed AUG 26, 19 67

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 50 Draw down 0 feet ¼ hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 9 inches Total depth 143 feet
Casing record
Weight per foot 22.36 lb/ft Thickness 0.250"

Diameter	From	To
8" I.D. inches	0 feet	138 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 ft feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation ACETELENE torch
Size perforation 12" x ¼"
From 61 feet to 138 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 85 Feet below land surface 85
Flow G.P.M.
Water temperature COLD° F. Quality

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

Name BRENT ELDRIDGE
Address SPRING VALLEY RR ELY
Nevada contractor's license number DELBERT ELDRIDGE 7514 A
Nevada driller's license number 509
Signed: Brent Eldridge
Date Aug 27, 1967

USE ADDITIONAL SHEETS IF NECESSARY

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