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. 9918
Permit No. 24110
Basin Lovelock

1. OWNER Henry C. Crofoot, Jr. ADDRESS Lovelock, Nevada

2. LOCATION SE ¼ SE ¼ Sec 32 T. 28 N/S R. 32 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
Top soil		0	5	5
Clay		5	105	100
Gravel	✓	105	145	40
Clay		145	165	20
Gravel	✓	165	190	25

Date started 7/23, 1967
Date completed 8/15, 1967

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Owner to arrange own testing results unknown to me			

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 190 feet
Casing record 12 ca well to 190 ft
Weight per foot ..... Thickness 1/4

Diameter	From	To
12 in 1D inches	0 feet	190 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☑ Type
Depth of seal ..... feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation factory sawed
Size perforation 1/8 in x 3 in
From 95 feet to 184 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 10 ft Feet below land surface 10 ft
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 G. W. Peterson
Address P.O. Box 663 Sparks
Nevada contractor's license number 334
Nevada driller's license number 8434
Signed G. W. Peterson
Date 1/31/68 1st Log sent in 8/20/67

USE ADDITIONAL SHEETS IF NECESSARY

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