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. 10593
Permit No. 24614
Basin Eagle Carson

27022

1. OWNER M. W. Beck ADDRESS New Empire Box 1137 Carson City, Nevada

2. LOCATION NE ¼ NW ¼ Sec. 10 T. 15N N/S R. 20E E. Ormsby 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
Sandy Soil		0	2	2
Hard Pan		2	4	2
Sandy Clay		4	44	40
Sand	✓	44	48	4
Clay		48	55	7
Gravel Cemented		55	62	7
Hard Sandy Clay		62	120	58
Broken Rock	✓	120	124	4
Black Rock		124	132	8

Date started 4-2, 1969
Date completed 4-9, 1969

7. WELL TEST DATA

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

BAILER TEST
G.P. 20 Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter hole ..... inches Total depth 132 feet
Casing record 8" X
Weight per foot 12.5 Thickness 10 GA

Diameter	From	To
8 inches	0 feet	132 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
Size perforation 3 X 3/32
From 88 feet to 128 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 37 Feet below land surface .....
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 W. E. Blain
Address Box 255 Carson City, Nev
Nevada contractor's license number 5259
Nevada driller's license number 301
Signed W E Blain
Date 5/20/69

USE ADDITIONAL SHEETS IF NECESSARY

5471