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. 12184
Permit No.
Basin Carson Des

1. OWNER Gaylord W Boom M.D. ADDRESS 395 W. Williams
Ted Weaver Fallon Nev.

2. LOCATION ¼ NW ¼ Sec. 36 T. 19 N/S R. 28 E. Churchill 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	4	4
Sand		4	8½	4½
Clay		8½	19½	11
Water Sand		19½	36	16½
Clay				

Date started 3-20, 1972
Date completed 3-22, 1972

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3000	25	3	4

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 9 feet
Casing record 8 36
Weight per foot ..... Thickness 188

Diameter		From		To	
12	inches	0	feet	9	feet
8	inches	0	feet	36	feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet

Surface seal: Yes ☑ No ☐ Type Grout & Cement
Depth of seal 9 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 9 feet to 35 feet

Perforations:
Type perforation Torch Cut
Size perforation 3/32
From 28 feet to 33 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 24 Feet below land surface 11
Flow 1½ G.P.M. 25
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 Tom M Hickman
Address 10 So. Carson, Fallon
Nevada contractor's license number 10655
Nevada driller's license number 621
Signed Tom M. Hickman
Date 3-22-72

USE ADDITIONAL SHEETS IF NECESSARY

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