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. 12593
Permit No.
Basin Carson Des. CARD

1. OWNER Walter Marble ADDRESS Crook Rd

2. LOCATION S½ x SW ¼ Sec. 33 T. 19N N/S R. 29 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	4½	4½
Clay		4½	5½	1
Fine Sand	9½	5½	15	9½
Coarse Sand	15	30		15
Clay		30	31½	½

Date started 8-23, 19 72
Date completed 8-24, 19 72

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3000	28	10	4½

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 8 inches Total depth 30½ feet
Casing record
Weight per foot ..... Thickness 188

Diameter	From	To
12 inches	0 feet	10 feet
8 inches	01 feet	31½ feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Grout Cement
Depth of seal 10 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Torch Cut
Size perforation 3/32
From 24½ feet to 30½ feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 23 Feet below land surface 7½
Flow 1" G.P.M. 27
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
Nevada contractor's license number 10655
Nevada driller's license number 621
Signed Tom M Hickman
Date 8-24-72

USE ADDITIONAL SHEETS IF NECESSARY

5471