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. 13355
Permit No.
Basin Lamoille

1. OWNER Norman Glaser ADDRESS P.O. Box 1 Hallock, Nev

2. LOCATION NE ¼ ¼ Sec. 5 T. 35 N/S R. 58 E. Elko County
~~PERMIT NO.~~ (at Post Office in Hallock)

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
Black Clay		0	18	18
Sand, Gravel (Caving in)	x	18	45	27
Blue Clay		45	50	5

At the advice of the Elko Well Inspector, the well was drilled to only 50 ft - beyond this blue clay runs to a depth of 300 ft and contains bad water -

(Customer to cement off) as per Flow

Date started 7-16, 1973
Date completed 7-17, 1973

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 20 Draw down 0 feet ½ hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. 10" - 26 WELL CONSTRUCTION
Diameter hole 6" - 50' ~~inches~~ Total depth 50 feet
Casing record
Weight per foot Thickness 188

Diameter	From	To
6 inches	0 feet	50 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☐ Type
Depth of seal Customer to Cement off feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation Factory Cut
Size perforation 1/8 x 3
From 20 feet to 40 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 12 Feet below land surface
Flow G.P.M.
Water temperature Cold ° F. Quality Fair

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

Name O M Gullard Drilling Co
Address P.O. Box 41 - Elko, Nev 89801
Nevada contractor's license number 4796
Nevada driller's license number 115
Signed O M Gullard
Date 8-4-73

USE ADDITIONAL SHEETS IF NECESSARY

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