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. 13552
Permit No.
Basin Owyhee
CARD

1. OWNER Ed Kruse ADDRESS 4190 Lakeside Dr.
Wildhorse Estates Reno, Nev.
Elko, Nevada

2. LOCATION ¼ ¼ Sec. 8 T. 43 N/S R. 55 E. Elko 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 ☒ Air Rotary ☐
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Tight clay & gravel to 3/4" ang		0	8	8
1½" ang gravel w/ some cl & coarse sand		8	31	23
1" ang black gravel med hard		31	55	24
3/8 ang black gravle hard		55	83	28
1¼ ang black gravel hard		83	85	2
med sand w/ some ¼ gravel tight		85	105	20

Date started 7-1-73, 19
Date completed 7-3-73, 19

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	12 gpm 75'		

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 6" inches Total depth 100' feet
Casing record
Weight per foot 12.89 Thickness 188

Diameter	From	To
6 5/8" OD inches	0 feet	100 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type cement grout
Depth of seal 37' feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation Torch cut
Size perforation 1/8" x 6"
From 40' feet to 100' 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. 12
Water temperature 56 ° 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. L. McDonald & Co.
Address 1955 18th Street Sparks, NV
Nevada contractor's license number 9767
Nevada driller's license number 493
Signed W. L. McDonald c.s.
Date 7-18-73

USE ADDITIONAL SHEETS IF NECESSARY

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