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. 14117
Permit No.
Basin Smith Val

1. OWNER Jim Fulstone ADDRESS Wellington, Nev. 89444

2. LOCATION NE ¼ SE ¼ Sec. 27 T. 11 N/S R. 23 E. MDB & M Lyon 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
Decompesed Granite	No	0	40	40
Clay	No	40	65	25
Sand + Gravel	Yes	65	165	100
Clay	No	165	205	40
Blue Sand	Yes	205	215	10
Blue Clay	No	215	228	13
Sand + Gravel	Yes	228	232	4

Date started 5-16, 19 74
Date completed 5-18, 19 74

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	40	100	3

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 232 feet
Casing record 232 Ft.
Weight per foot ..... Thickness 188

Diameter	From	To
8 inches	0 feet	232 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 50 Ft. feet
Gravel packed: Yes ☐ No ☑
Gravel packed from — feet to — feet

Perforations:
Type perforation Torch Cut
Size perforation 1/16 in. x 4 in.
From 222 feet to 232 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 65 Feet below land surface 54
Flow — G.P.M. —
Water temperature 63 ° 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 Edmund Miller Drilling Co.
Address Box 92, Smith, Nev. 89430
Nevada contractor's license number 12272
Nevada driller's license number 718
Signed Edmund Miller
Date 6-14-74

USE ADDITIONAL SHEETS IF NECESSARY

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