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. 14 ~~226~~ 409
Permit No.
Basin Carson Des

1. OWNER William H. Huffman ADDRESS 9655 Pioneer Way Fallon, Nev 89406

2. LOCATION NE ¼ SE ¼ Sec. 21 T. 19 N/S R. 27 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
water		7½'		
Course sand		0	7½'	
med course sand		7½	22	

Date started 9-6- 19 74
Date completed 9-9- 19 74

7. WELL TEST DATA

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

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 22' feet
Casing record PVC
Weight per foot ..... Thickness .....

Diameter	From	To
8" steel inches	1' above ground level feet	3'8" feet
6" PVC inches	3'8" feet	22' feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

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

Perforations:
Type perforation saw
Size perforation 1/8
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. 7½' WATER LEVEL
Static water level good Feet below land surface .....
Flow good G.P.M. .....
Water temperature cold ° 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 Bert Van Komen
Address 845 McLean St
Nevada contractor's license number 6927A
Nevada driller's license number 609
Signed Bert Van Komen
Date Sept 11, 1974

USE ADDITIONAL SHEETS IF NECESSARY

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