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. 15764
Permit No.
Basin

1. OWNER Dave Burton ADDRESS 123 Sam Clemens Dayton, Nev

2. LOCATION ¼ ¼ Sec. 20 T. 17 N/S R. 22 E. Storey County
PERMIT NO. Lot 23 Unit 1 Mark Twain

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
Rock		0	45	45
Rock		45	50	5
Dirt & Rock		50	104	54
Rock		104	108	4
Dirt & Rock		108	200	92
Chip Rock & Gravel		200	212	12
Rock		212	216	2
Black Sand & Gravel		216	224	8
Clay		224	225	1

Date started 9-22, 19
Date completed 9-28-, 1975

7. WELL TEST DATA

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

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

8. WELL CONSTRUCTION
12" = 50' 175' = 8" inches Total depth 225 feet
Casing record 8 5/8
Weight per foot 16.9 Thickness 18.8

Diameter	From	To
8 inches	0 feet	225 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Concrete
Depth of seal 50' feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Factory
Size perforation 3 x 3/32
From 201 feet to 221 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 201 Feet below land surface
Flow ..... G.P.M.
Water temperature ..... 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. M. Blain
Address Box 353 Dayton, Nev 89403
Nevada contractor's license number 10950
Nevada driller's license number 717
Signed Warren Labrum
Date 10/1/75

USE ADDITIONAL SHEETS IF NECESSARY

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