

Log No. 15765

Permit No. _____

Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Earl Turner ADDRESS _____

2. LOCATION NW 1/4 SW 1/4 Sec 23 T. 14 N/S R. 26 E. 4th County _____
PERMIT NO. _____

3. TYPE OF WORK			4. PROPOSED USE			5. TYPE WELL	
New Well <input checked="" type="checkbox"/>	Recondition <input type="checkbox"/>	Other <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/>	Irrigation <input type="checkbox"/>	Test <input type="checkbox"/>	Cable <input type="checkbox"/>	Rotary <input checked="" type="checkbox"/>
Deepen <input type="checkbox"/>	Other <input type="checkbox"/>		Municipal <input type="checkbox"/>	Industrial <input type="checkbox"/>	Stock <input type="checkbox"/>	Other <input type="checkbox"/>	

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	4	4
Sand (Coarse + Fine)		4	18	14
Clay + Sand layers		18	42	44
Fine Sand		42	80	38
Clay + Sand		80	92	12
Gravel + Low Rock	X	92	118	26

8. WELL CONSTRUCTION

Diameter hole 12 1/2 inches Total depth 118 feet
 Casing record 12 1/2
 Weight per foot _____ Thickness 218

Diameter	From	To
<u>8 3/4</u> inches	0	118
_____ inches	_____	_____

Surface seal: Yes No Type Cemented
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 118 feet

Perforations:
 Type perforation Downed
 Size perforation 1 3/4 X 4 8 rods
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 9 Feet below land surface 9
 Flow _____ G.P.M. _____
 Water temperature _____ ° F. Quality _____

7. WELL TEST DATA

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

10. DRILLERS CERTIFICATION

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

Name Ogden's Well Drilling
 Address 150 N. Tyler Lane
 Nevada contractor's license number 6580
 Nevada driller's license number 634
 Signed Larry Ogden
 Date March 13, 1976

BAILER TEST

G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours
G.P.M. _____	Draw down _____ feet	_____ hours