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. 158
Permit No.
Basin 10

1. OWNER Mr. & Mrs J. Worden ADDRESS Lot 19 Richards Subdivision

2. LOCATION South 1/2 Sec. 24 T. 19 N/S R. 28 E. Churchill County

PERMIT NO.

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [X] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [ ]

5. TYPE WELL
Cable [X] Rotary [ ]
Other [ ]

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	3	3
Sand		3	9	6
Clay		9	11	2
Sand Course	✓	11	15	4
Clay		15	15.5	.5
Sand Med	✓	15.5	22	6.5
Sand Fine	✓	22	26	4
Clay		26	27	1
Sand Stone		27	30	3

Date started Aug 8, 1975
Date completed Aug 15, 1975

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3000	25	2'	12

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 10 inches Total depth 30 feet
Casing record
Weight per foot ..... Thickness

Diameter	From	To
6 inches	02 feet	30 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type Grout
Depth of seal 9 feet
Gravel packed: Yes [X] No [ ]
Gravel packed from 10 feet to 30 feet

Perforations:
Type perforation Saw Cut
Size perforation 3/32
From 10 feet to 28 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 24' Feet below land surface 6
Flow 1 1/4 G.P.M. 25
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 Paul N. Pflimlin
Address 7007 Curry Rd.
Nevada contractor's license number 10655
Nevada driller's license number 768
Signed Paul N. Pflimlin
Date ~~July~~ August 21, 1975

USE ADDITIONAL SHEETS IF NECESSARY

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