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. 15775
Permit No.
Basin

1. OWNER Paul Mills ADDRESS Smith, Nev.

2. LOCATION SW ¼ NW ¼ Sec. 26 T. 11 N/S R. 22 E. 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
Topsoil and black silt	No	0	15	15
Pea gravel	Yes	15	23	8
Fine sand	No	23	45	22
Yellow clay	No	45	50	5
Blue clay and sand	No	50	94	44
Sand and pea gravel	Yes	94	116	22

Date started Aug. 4, 19 76
Date completed Aug. 8, 19 76

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3 Hsp	30	40	8

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 116 feet
Casing record 116
Weight per foot ..... Thickness 188

Diameter		From		To	
6	inches	0	feet	116	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 Saw slot
Size perforation 1/8" x 3"
From 97 feet to 116 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 40 Feet below land surface 10
Flow ..... G.P.M. .....
Water temperature 68 ° 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
Address Box 92, Smith, Nev. 89430
Nevada contractor's license number 12272
Nevada driller's license number 718
Signed Edmund Miller
Date 8-12-76

USE ADDITIONAL SHEETS IF NECESSARY

5471