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. 16139
Permit No.
Basin

1. OWNER Richard Swallow ADDRESS SR5, P. O. Box 19, Ely, Nevada 89301

2. LOCATION SW ¼ SE ¼ Sec. 24 T. 12 N/S R. 67 E. White Pine 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
Loose Gravel		0	15	15
Cemented Gravel		15	36	21
Clay		36	38	2
Cemented Gravel		38	61	23
Clay		61	65	4
Water Bearing Gravel	X	65	66	1
Clay		66	106	40
Water Bearing Seam	X	106	107	1
Clay		107	122	15
Water Bearing Seam	X	122	123	1
Clay		123	135	12

Date started January 21, 19 77
Date completed January 24, 19 77

7. WELL TEST DATA

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

BAILER TEST

G.P.M. 20 Draw down 2 feet 3 hours
G.P.M. 30 Draw down 6 feet 3 hours
G.P.M. 30 Draw down 6 feet 2 hours

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 135 feet
Casing record
Weight per foot 17.02 Thickness .250

Diameter	From	To
6 inches	0 feet	135 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Cement
Depth of seal 50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 135 feet

Perforations:
Type perforation Torch
Size perforation 1/8" x 6" 6 Rows
From 61 feet to 135 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 63 Feet below land surface 63
Flow 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 Jerrold D. Christiansen
Address 557 Ely Ave., Ely, Nevada 89301
Nevada contractor's license number 9329A
Nevada driller's license number 641
Signed Jerrold D. Christiansen
Date January 26, 1977

USE ADDITIONAL SHEETS IF NECESSARY

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