WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 16798
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER William McElwain ADDRESS ~~[illegible]~~ 911 Timothy Lane Menlo Pk. Ca. 94025

2. LOCATION NW ¼ NW ¼ Sec. 33 T. 19 N/S R. 28 E. Churchill 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 ☐ Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Surface Sand		0	4	4
yellow Sand		4	5	1
Coarse sand		5	7	2
yellow sand		7	10	3
Clay		11	13	2
Medium Sand		13	27	14

Date started Aug 6, 19 77
Date completed Aug 6, 19 77

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air blow	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 6 inches Total depth 27 feet
Casing record 0 – 27' X 6 5/8
Weight per foot 8.68 Thickness .125

Diameter	From	To
6 inches	0 feet	27 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 13 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation machine slit
Size perforation 3/32 x 2½
From 20 feet to 27 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 19 Feet below land surface 8
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 V.W. Biffle - Welco
Address Box 888
Nevada contractor's license number 11752
Nevada driller's license number 772
Signed
Date

USE ADDITIONAL SHEETS IF NECESSARY

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