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. 19090
Permit No.
Basin 101

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Contractor Don Cox ADDRESS 2655 Hy Land Dr.
Lot #5 of Silver State Downs
2. LOCATION NE ¼ NE ¼ Sec. 27 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 ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		NONE		
Clay		0	14	14
Sand strip	✓	14	14.5	.5
Clay		14.5	19	4.5
Rough Sand	✓	19	26.5	7.5

Date started July 26, 19 78
Date completed Aug 1, 19 78

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3000	30	1'	6 hrs

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 11 inches Total depth 26.5 feet
Casing record
Weight per foot ..... Thickness .250

Diameter	From	To
6 inches	0.3 feet	26.5 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Grout
Depth of seal 14 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 14 feet to 26.5 feet

Perforations:
Type perforation Saw Cut
Size perforation 3/16
From 18 feet to 26 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 24.5 Feet below land surface 2
Flow 1" G.P.M. 30
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 928
Signed Paul N. Pflimlin
Date August 7, 1978

USE ADDITIONAL SHEETS IF NECESSARY

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