DIVISION OF WATER RESOURCES

Well #2

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 18986
Permit No.
Basin

1. OWNER Cesar Lippinelli ADDRESS General Delivery Elko, Nev 89801

2. LOCATION NW ¼ SE ¼ Sec. 30 T. 33 N/S R. 57 E. Elko 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
Hard Brown Clay		0	3	3
Brown Clay		3	30	27
Limestone	x	30	32	2
Soft Brown Clay		32	50	18
Blue Clay		50	68	18
Light grey clay		68	70	2
White Sandy clay	x	70	100	30
Light grey clay		100	104	4
Dark Blue Sticky clay		104	108	4
(Note: Drill & Drove 50 to 108' Also used Drive Shoe)				

Date started 10-9-, 19 78
Date completed 10-3, 19 78

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 25 Draw down 35 feet 45 Min hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. 10" - 50' WELL CONSTRUCTION
Diameter hole 6" - 58' inches Total depth 108 feet
Casing record
Weight per foot Thickness 188

Diameter	From	To
6 inches	0 feet	108 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

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

Perforations:
Type perforation Factory Cut
Size perforation 1/8 x 3
From 68 feet to 98 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level Feet below land surface
Flow x G.P.M. 2½
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 O M Bullard Drilling Co
Address P O Box 41 - Elko, Nev 89801
Nevada contractor's license number 4796
Nevada driller's license number 115
Signed O M Bullard
Date 10-16-78

USE ADDITIONAL SHEETS IF NECESSARY

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