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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety.

OFFICE USE ONLY
Log No. 19366
Permit No.
Basin

1. OWNER Philip J Carter ADDRESS Lund, Nevada 89317

2. LOCATION S.E corner ¼ Sec. 33 T. 12 N/S R. 62 E. White Pine County
PERMIT NO.

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [XX] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [ ]

5. TYPE WELL
Cable [X] Rotary [ ]
Other [ ]

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Fill Dirt & Gravel		0	48ft	
Cemented Sand		48	58	
clay		58	63	
Cemented sand		63	67	
Water Sand		67	79	
Rock &clay		70	98	
Water sand		98	104	
Rock		104	117	
Water sand		117	170	

Date started December 26, 19 78
Date completed January 19, 19 79

7. WELL TEST DATA

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

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 8 inches Total depth 170 feet
Casing record
Weight per foot Thickness

Diameter	From	To
8 inches	0 feet	170 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type cement
Depth of seal 50 ft feet
Gravel packed: Yes [ ] No [ ]
Gravel packed from feet to feet

Perforations:
Type perforation Factory
Size perforation
From 67 feet to 170 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 67 Feet below land surface
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 F.B.Hicks Drilling Company
Address P.O.Box 756 East Ely, Nevada
Nevada contractor's license number 10705
Nevada driller's license number 701
Signed F.B. Hicks
Date Jan.29-79

USE ADDITIONAL SHEETS IF NECESSARY

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