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. 20321
Permit No.
Basin 101

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Tony Barrenchea J.R. ADDRESS Fallon Nev

2. LOCATION NW ¼ NW 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 ☒ Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Surface Soil		0	8	8
Clay		8	18	10
Fine Sand		18	20	2
Medium Sand		20	22	2
Course Sand with Gravel		22	38	16

Date started July 20, 1979
Date completed July 20, 1979

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Blown	@		35 G.P.M.

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 38 feet
Casing record 6 5/8 X 38
Weight per foot 17.02 Thickness .250

Diameter	From	To
10 inches	0 feet	15 feet
6 inches	15 feet	38 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Cement
Depth of seal 15 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Machine Slit
Size perforation 3/32 X 2½
From 23 feet to 33 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 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 W.W. Giffle (Welsco Drlng)
Address Box 888
Nevada contractor's license number 11752
Nevada driller's license number 772
Signed W.W. Giffle
Date July 21-79

USE ADDITIONAL SHEETS IF NECESSARY

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