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. 20385
Permit No. 30457 - 30458
Basin

1. OWNER Gary Tope + Clementine Tope + Ray May ADDRESS Flanigan Star Route
Flanigan, Nevada 89510

2. LOCATION NE ¼ SW ¼ Sec. 2 T. 26 N/S R. 18 E. M.D.M. WASHOE 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		0	5	5
SAND		5	20	17
SANDY BROWN CLAY		20	30	8
SAND GRAVEL + BOULDERS		30	100	70
BLUE CLAY SANDY		100	230	130
VOLCANIC ROCK		230	235	5

Date started 7-23, 19 79
Date completed 7-26, 19 79

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
SMALL SUB TEMPERARY	30 GAL BAIL TEST	NONE	

BAILER TEST
G.P.M. 30 GAL Draw down NONE feet 4 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 18 inches Total depth 235 feet
Casing record 1.88
Weight per foot 2.5 PD Thickness 1.88

Diameter	From	To
12 1/4 inches	0 feet	235 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☐ Type
Depth of seal feet
Gravel packed: Yes ☑ No ☐
Gravel packed from feet to feet

Perforations:
Type perforation New STEEL
Size perforation 5/32
From 0 feet to 235 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 20 Feet below land surface
Flow BAIL TEST G.P.M. NO DRAW DOWN
Water temperature 51 ° F. Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
DRILLED BY - DAVID + GARY TOPE
Name Gary Tope
Address Carson City
Nevada contractor's license number
Nevada driller's license number 984
Signed John Richardson
Date 7-27-79

USE ADDITIONAL SHEETS IF NECESSARY

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