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. 21317
Permit No.
Basin

1. OWNER Dave Clark ADDRESS
Spring Creek
Nevada

2. LOCATION SE ¼ SE ¼ Sec. 20 T. 34 N/S R. 56 E. Elko County
PERMIT NO. Last Chance Estates

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
Topsoil		0	2	
Broken Rock		2	30	
Yellow clay rock		30	90	
Brown rock		90	140	
Red Rock		140	142	
Br. Rock		142	315	
Red Rock		315	370	
Blue gray sandstone		370	418	
Red Rock		418	470	

Date started 2/6, 19 80
Date completed 2/10, 19 80

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 6 inches Total depth 470 feet
Casing record Steel Pipe
Weight per foot Thickness .219

Diameter	From	To
6 inches	+2 feet	470 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Cement
Depth of seal 50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 470 feet

Perforations:
Type perforation Factory
Size perforation 3/16 X 3
From +2 feet to 359 feet
From 359 feet to 413 feet
From 413 feet to 433 no perf. feet
From 433 feet to 450 perf. feet
From 450 feet to 470 no perf. feet

9. WATER LEVEL
Static water level 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 Elsing Well Drilling
Address Box 919, Twin Falls, Idaho 83301
Nevada contractor's license number 12051
Nevada driller's license number 605
Signed Arnold E. Elsing
Date July 19, 1980

USE ADDITIONAL SHEETS IF NECESSARY

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