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. 21325
Permit No.
Basin

1. OWNER Lee Wilson ADDRESS Elko, Nevada 89801

2. LOCATION SW ¼ SW ¼ Sec. 29 T. 31 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
Boulders		0	30	30
Sandy clay & boulders		30	60	30
Sandy clay		60	70	10
Sandy clay, rock & gravel	Yes	70	335	265
Gravel & some clay		335	430	90

Date started 12/2, 19 79
Date completed 12/16, 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 10 inches Total depth 430 feet
Casing record 430 6 5/8 steel pipe
Weight per foot 17 Thickness .250

Diameter	From	To
6 5/8 inches	+1 feet	430 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 ..... feet to ..... feet

Perforations:
Type perforation Factory
Size perforation 1/8 x 4
From 350 feet to 410 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 280 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 1096
Signed [signature]
Date 12-16-79

USE ADDITIONAL SHEETS IF NECESSARY

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