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. 2175
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER GEONOMICS INC ADDRESS 3165 ADELINE ST BERKELEY CAL 94703

2. LOCATION NE ¼ NE ¼ Sec. 34 T. 11 N N/S R. 25 E. LYON County
PERMIT NO. 8063-29-07

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. WELL # 2 LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
gravel, sand, clay + salt		0'	105'	105
TEMPERATURE GRADIENT HOLE				

Date started 21 OCT, 1976
Date completed 22 OCT, 1976

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
NONE			

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 5 1/4" inches Total depth 105 feet
Casing record 105' 1" Black Pipe
Weight per foot ..... Thickness .....

Diameter	From	To
inches	feet	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 0-15 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet
Back Fill w/ cuttings to 15' of surface
Perforations:
Type perforation NONE
Size perforation
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level NONE 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 Bob Nuttall
Address 1129 River ST. Elko, Nev
Nevada contractor's license number 8912
Nevada driller's license number 875
Signed Bob Nuttall
Date Oct-22-76

USE ADDITIONAL SHEETS IF NECESSARY

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