WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

#7 well #?

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 21782
Permit No.
Basin

1. OWNER U.S. Navy ADDRESS U.S. Navy/Air Station Fallon NV.

2. LOCATION SW ¼ NE ¼ Sec. 12 T. 17 N/S R. 27 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 ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay & Coarse Sand - Tan & Brown		0	75	
Tan Clay with Conglomerate of coarse sand		75	104	
Brown Clay with scattered Shale		104	258	
Bisalt Rock and Clay		258	329	
Blue-Green Clay to Brown Clay		329	370	
Bisalt Rock and White Clay		370	410	
Brown Clays Greenish etc		410	502	

Date started 11-1, 1979
Date completed 11-2, 1979

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 1/4 inches Total depth 502 feet
Casing record 2" T.C. Black
Weight per foot Thickness

Diameter	From	To
2" inches	0 feet	502 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

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

Perforations:
Type perforation
Size perforation
From feet to feet
From None 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
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 Aqua Drilling & Well Service
Address 2255 Glendale Road Sparks
Nevada contractor's license number 15291
Nevada driller's license number 1132
Signed R M Thiell
Date 11-7-79

USE ADDITIONAL SHEETS IF NECESSARY

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