DIVISION OF WATER RESOURCES

Hole # 15

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 21864
Permit No.
Basin

1. OWNER BLM ADDRESS 801 N. Plaza St. Carson City Nev

2. LOCATION SE ¼ SE ¼ Sec. 17 T. 23 N/S R. 37 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
Boulders + Gravel		0	60	60
Fine Gravel		60	120	60
Hard Rock		120	170	50
Hard But Broken Rock.		170	300	130
Making water from 140-300				

Date started ....., 19....
Date completed ....., 19....

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 5 5/8 inches Total depth 300 feet
Casing record 1½ Plastic
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 10 ft feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ....feet to ....feet

Perforations:
Type perforation .....
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 ..... 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 Lester Millard
Address Box 648 Yerington, Nevada
Nevada contractor's license number 11089
Nevada driller's license number 579
Signed Lester Millard
Date 11-5-76

USE ADDITIONAL SHEETS IF NECESSARY

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