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. 22458
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Cyril + Rita Swain ADDRESS Battle mt. Nev.
Lot A

2. LOCATION NE ¼ NE ¼ Sec. 4 T. 31 N N/S R. 45 E. Lander 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
Dirt		0	10	10
gravel		10	40	30
green clay		40	155	115
Brown clay		155	170	15
gravel strata	gravel	170	180	10

Date started Feb 8, 19 81
Date completed Feb 8, 19 81

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 11" inches Total depth 180 feet
Casing record 0 - 180
Weight per foot ..... Thickness 10 ga.

Diameter	From	To
11" inches	0' feet	50' feet
8½ inches	50 feet	180 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 Simcut
Size perforation 1/8
From 140' feet to 180' feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 11 Feet below land surface
Flow ..... G.P.M.
Water temperature Cool ° F. Quality good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name NORMAN PARSONS
Address BOX 45 BATTLE MT.
Nevada contractor's license number 016121
Nevada driller's license number 869
Signed Norman Parsons
Date Feb. 15 1981

USE ADDITIONAL SHEETS IF NECESSARY

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