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. 23024
Permit No.
Basin

1. OWNER 71 Ranch ADDRESS Death, Nev.

2. LOCATION ¼ ¼ Sec. 21 T. 35 N/S R. 54 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
Soil		0	2	
Brown clay		2	10	
3" minus gravel	X	10	51	
Blue clay		51	82	
Sand	X	82	87	
Blue clay		87	148	
Brown clay		148	157	
Green clay		157	187	
Blue clay		187	200	
Sand	X	200	238	
Blue clay		238	288	
Sandstone	X	288	306	
Blue clay		306	324	
Sand	X	324	360	
#2 Test				

Date started 5/8, 19 81
Date completed 5/18, 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 5 5/8 inches Total depth ..... feet
Casing record
Weight per foot ..... Thickness
Diameter ..... inches From ..... feet To ..... feet
Surface seal: Yes ☐ No ☐ Type
Depth of seal ..... 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 0 Feet below land surface 0
Flow ..... G.P.M. 65
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 R.D. Reynolds Drilling
Address P.O. Box 402 Wells, Nev.
Nevada contractor's license number 014410
Nevada driller's license number 1236
Signed Alan Scott
Date 5/20/81

USE ADDITIONAL SHEETS IF NECESSARY

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