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

PROBABLY MARY O'DONNELL? PARCEL #3

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 23196
Permit No.
Basin

1. OWNER Pete Oxsen ADDRESS Wellington, Nev.

2. LOCATION SW ¼ NW ¼ Sec. 28 T. 11 N/S R. 24 E. Lyon 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
Sandy loam top soil	-	0	12	12
Sand and gravel	~~Yes~~	12	19	7
Sandy clay	Yes	19	40	21
Sand		40	86	46
Blue-green clay		86	112	26
Brown sandy clay		112	120	8
Silty sand		120	124	4
Brown sandy clay		124	128	4
Sand and gravel	Yes	128	140	12

Date started 8-9-, 1981
Date completed 8-13-, 1981

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. 30 Draw down 15 feet 2 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 140 feet
Casing record 140
Weight per foot Thickness 188

Diameter	From	To
8 inches	0 feet	140 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Concrete
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from feet to feet

Perforations:
Type perforation Saw slot
Size perforation 3/32" X 3"
From 119 feet to 131 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 78 Feet below land surface 33
Flow G.P.M.
Water temperature Cold ° 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 Edmund Miller Drilling Co.
Address Box 92, Smith, Nev. 89430
Nevada contractor's license number 12272
Nevada driller's license number 718
Signed Edmund Miller
Date 8-18-81

USE ADDITIONAL SHEETS IF NECESSARY

O-627