

OFFICE USE ONLY  
 Log No. 23834  
 Permit No. 45884  
 Basin 2-3-3a

**WELL DRILLERS REPORT**

PRINT OR TYPE ONLY

Please complete this form in its entirety

NOTICE OF INTENT NO. 557

1. OWNER BOB GERBERICK ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS WINNEMUCCA, NEV OROVADA, NEVADA

2. LOCATION SE 1/4 SW 1/4 Sec. 29 T. 43N N/S R. 37 E HUMBOLDT County \_\_\_\_\_  
 PERMIT NO. 22969 CERTIFICATE # 6276  
 Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK  
 New Well  Recondition   
 Deepen  Other  RE-DRILL

4. PROPOSED USE  
 Domestic  Irrigation  Test   
 Municipal  Industrial  Stock

5. TYPE WELL  
 Cable  Rotary   
 Other

6. LITHOLOGIC LOG

8. WELL CONSTRUCTION

Material	Water Strata	From	To	Thick-ness
SANDY TOP SOIL		0	1	1
SANDY BR. CLAY		1	20	19
DECOMPOSED GRANIT		20	27	7
DECOMPOSED GRANIT W/SANDY				
BR. CLAY STRINGERS		27	30	3
SANDY BR. CLAY		30	45	15
DECOMPOSED GRANIT		45	50	5
SANDY BR. CLAY		50	70	20
DECOMPOSED GRANIT		70	80	10
SANDY BR. CLAY		80	90	10
SAND & GRAVEL		90	94	4
SANDY BR. CLAY		94	105	11
DECOMPOSED GRANIT W/GRAVEL		105	115	10
SANDY BR. CLAY		115	135	20
DECOMPOSED GRAVEL W/GRAVEL		135	140	5
SANDY BR. CLAY		140	145	5
DECOMPOSED GRANIT W/GRAVEL		145	150	5
BR. CLAY		150	165	15
DECOMPOSED GRANIT W/GRAVEL		165	175	10
SANDY BR. CLAY W/SAND				
STRINGERS		175	205	30
DECOMPOSED GRANIT W/PEA				
GRAVEL		205	210	5
BR. CLAY		210	260	50
COURSE SAND & GRAVEL W/BR.				
CLAY STRINGERS		260	270	10
SOFT BR. CLAY		270	290	20

Diameter hole \_\_\_\_\_ inches Total depth \_\_\_\_\_ feet  
 Casing record \_\_\_\_\_  
 Weight per foot \_\_\_\_\_ Thickness \_\_\_\_\_  
 Diameter From To  
 \_\_\_\_\_ inches \_\_\_\_\_ feet \_\_\_\_\_ 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

Date started \_\_\_\_\_, 19\_\_\_\_  
 Date completed \_\_\_\_\_, 19\_\_\_\_

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ ° F. Quality \_\_\_\_\_

7. WELL TEST DATA

10. DRILLERS CERTIFICATION

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

This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name \_\_\_\_\_ Contractor  
 Address \_\_\_\_\_ Contractor  
 Nevada contractor's license number \_\_\_\_\_  
 Nevada contractor's drillers number \_\_\_\_\_  
 Nevada driller's license number \_\_\_\_\_ Actual Driller  
 Signed \_\_\_\_\_ Contractor  
 Date \_\_\_\_\_

BAILER TEST

G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours  
 G.P.M. \_\_\_\_\_ Draw down \_\_\_\_\_ feet \_\_\_\_\_ hours

