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. 2327
Permit No.
Basin 101

1. OWNER Giovanetti Coast ADDRESS 2646 Rice Rd

2. LOCATION NE ¼ SW ¼ Sec. 23 T. 19 N/S R. 28 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 ☐ Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand		0	20	20
Clay		20	30	10
Sand		30	34	4
Green Clay		34	46	12
Grey Clay		46	49	3
Green Clay		49	60	11
Green Sand		60	70	10
Gravel		70	109	39

Date started 4-9, 19 82
Date completed 4-9, 19 82

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Blowe	@ 600	GPM	

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 6 inches Total depth 109 feet
Casing record 6 5/8 X 109
Weight per foot 12.92 Thickness .188

Diameter	From	To
10 inches	~~0~~ feet	50 feet
6 inches	50 feet	109 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 Machine slit
Size perforation 3/32 x 2½
From 96 feet to 106 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 8
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 Welsco Drillers
Address Box 888
Nevada contractor's license number 11752
Nevada driller's license number 112
Signed [signature]
Date 4-9-82

USE ADDITIONAL SHEETS IF NECESSARY

O-627