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

Card # 0045

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 23974
Permit No.
Basin

No card?

1. OWNER FRANK GETTINGS ADDRESS ELKO P.O. Box 867
LOT 13, BLK G, WESTERN HILLS SUBDIVISION
2. LOCATION NW ¼ SW ¼ Sec. 35 T. 33 N/S R. 55 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
WELL DRILLED TO 150 IN DEC.				
1981. Water proved to be only				
"perched water."				
Clay		150	211	61
Sand & gravel		211	234	23
Clay		234	235	—
T.D. 235				

Date started 7/2, 1982
Date completed 7/8, 1982

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 17 Draw down 30 feet 2 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 7 inches Total depth 235 feet
Casing record ~~5 7/16~~ 7" to 150, 5 7/16 140-235
Weight per foot Thickness

Diameter	From	To
5 7/16 inches	140 feet	235 feet
inches	feet	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 50 feet to 150 feet

Perforations:
Type perforation Torch cut
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 17 Feet below land surface
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 Amos Stockton Muth Drilling Co.
JAMES W MUTH 203 Pine Street
Address FOR Elko, Nevada 89801

Nevada contractor's license number 10819

Nevada driller's license number 922-1202

Signed James W Muth 632

Date 8/3/82

USE ADDITIONAL SHEETS IF NECESSARY

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