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. 24088
Permit No.
Basin

1. OWNER Shelia Cammarano ADDRESS P.O. Box 1221, Lamoille, Nevada 89828
Lot 4, Block G, Pleasant Valley Estates

2. LOCATION SW ¼ NW ¼ Sec. 26 T. 33 N/S R. 57 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
Clay & med. gravel		0	40	40
Clay & Sand		40	50	10
Clay & Med. gravel		50	73	23
Clay & Sand		73	80	7
Coarse Sand		80	150	70

Date started August 27, 19 82
Date completed August 31, 19 82

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 8-5/8 inches Total depth 150 feet
Casing record
Weight per foot Thickness .155

Diameter	From	To
6-5/8 OD inches	+1.5 feet	150 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 6' to 50' feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 150 feet

Perforations:
Type perforation 5" long slots
Size perforation 1/8"
From 115.5 feet to 150 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 90 Feet below land surface 0
Flow 30 G.P.M. Blow Test
Water temperature ° F. Quality Clear

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Dale C. Veden
Address P.O. Box 1425, Elko, NV 89801
Nevada contractor's license number 017555
Nevada driller's license number 1166
Signed Dale C. Veden
Date 9-21-82

USE ADDITIONAL SHEETS IF NECESSARY

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