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. 24555
Permit No.
Basin

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 1776

1. OWNER John Wright
MAILING ADDRESS Po Box 241
Battle Mt Nev 89820

ADDRESS AT WELL LOCATION

2. LOCATION SW ¼ SE ¼ Sec. 31 T. 32 N N/S R. 46 E Lander County
PERMIT NO. (Issued by Water Resources) Parcel No. 2 Subdivision Name New Town

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
Clays		0	10	10
Surface stata		10	25	15
Clays		25	60	35
water strata	✓	60	85	15

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 85 feet
Casing record 85 ft
Weight per foot Thickness

Diameter	From	To
8 1/8 inches	0 feet	85 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type
Depth of seal 52 ft feet
Gravel packed: Yes ☐ No ☑
Gravel packed from feet to feet

Perforations:
Type perforation
Size perforation
From 65 feet to 85 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 15 ft feet below land surface
Flow 45 + G.P.M. P.S.I.
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 Allcare Drilling (Contractor)
Address 14010 Mt Anderson Rd (Contractor)
Nevada contractor's license number 20692
Nevada contractor's drillers number 1357
Nevada driller's license number 1357
Signed William R. Allen (Actual Driller / Contractor)
Date 4 - 14 - 83

Date started 4 - 8, 1983
Date completed 4 - 10, 19

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 45 Draw down 2 feet 2 ½ hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 6-81) O-627 CR434