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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 29595
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Norman Lindley ADDRESS McGill, Nevada

2. LOCATION NE ¼ SE ¼ Sec. 20 T. 19 N N/S R. 63 E E. White Pine County
PERMIT NO. 39706

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
Top Soil		1	8	
Clay &		8	24	
Sand & Gravel (Seep)	X	24	26	
Sandy Clay & Clay		26	66	
Sand & Gravel (2nd)	X	66	74	
Sandy Clay		74	140	
Clay		140	155	
Sand & Gravel	X	155	160	
Sandy Blue Clay		160	175	

Date started December 2, 19 80
Date completed December 14, 19 80

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 16 inches Total depth 175 feet
Casing record
Weight per foot Thickness ¼

Diameter	From	To
16 inches	0 feet	175 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No XX ☐ Type
Depth of seal feet
Gravel packed: Yes ☐ No X ☐
Gravel packed from feet to feet

Perforations:
Type perforation Torch
Size perforation @ ¼ X 12 6 ROWS
From 40 feet to 170 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 12 Feet below land surface
Flow G.P.M.
Water temperature Cool° 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 Jim Schooler
Address Box 833 Ely, NV 89301
Nevada contractor's license number 009557
Nevada driller's license number 515
Signed Jim Schooler
Date December 20, 1980

USE ADDITIONAL SHEETS IF NECESSARY

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