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. 26426
Permit No.
Basin 101 - CARSON DESERT
REC. 01/14/85

1. OWNER Jones ADDRESS 495 McLain Fallon

2. LOCATION SW ¼ NE ¼ Sec. 28 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
Surface Sand		0	6	6
Clay		6	12	6
Fine Sand		12	16	4
Medium Sand		16	34	18

Date started April 20, 19 84
Date completed April 20, 19 84

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Blow @ 20 G.P.M.			

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 34 feet
Casing record 6 5/8 x 34
Weight per foot 14.2 Thickness .155

Diameter	From	To
10 inches	0 feet	20 feet
6 inches	20 feet	34 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 20 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Machine Slot
Size perforation 1/16 x 2 1/2
From 20 feet to 32 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 W.D. Baffle / Welsco
Address Box 888
Nevada contractor's license number 11752
Nevada driller's license number 172
Signed W.D. Baffle
Date April 24-84

USE ADDITIONAL SHEETS IF NECESSARY

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