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. 30949
Permit No.
Basin 4-73

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Sierra Pacific Power Co. ADDRESS PO Box 10100 Reno, NV 89520-0026

2. LOCATION SE ¼ NE ¼ Sec. 27 T. 27 (N) S R. 31 E. Pershing County
PERMIT NO. EV-018 INTENT #11870

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test ☒
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☐
Other ☒ H-S auger

6. SPL-1 LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
soft, gray clayey silt (structure is fractured)		0	20	20

Date started 10-11, 19 88
Date completed 10-11, 19 88

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 inches Total depth 20 feet
Casing record Sch 40 PVC
Weight per foot ..... Thickness .....

Diameter		From		To	
2	inches	0	feet	20	feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet

Surface seal: Yes ☒ No ☐ Type cement/bch
Depth of seal 4½ feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 4½ feet to 20 feet

Perforations:
Type perforation slotted casing
Size perforation 0.020"
From 5 feet to 20 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 9.71 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 [signature]
Address 1635 Bellford RD Reno Nev
Nevada contractor's license number
Nevada driller's license number 1028
Signed [signature]
Date 11/7/88

USE ADDITIONAL SHEETS IF NECESSARY

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