DIVISION OF WATER RESOURCES

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 1141
Permit No.
Basin Quinn River

1. OWNER Lyle Fry ADDRESS Orovada Nevada

2. LOCATION NE ¼ NE ¼ Sec. 33 T. 41 N N/S R. 37 E. Humboldt County
PERMIT NO.

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [ ] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [X]

5. TYPE WELL
Cable [X] Rotary [ ]
Other [ ]

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil	No	0	8	8
Rocky Clay	No	8	22	14
Broken Rock	yes	22	25	3
Rocky Clay With Soft Streak	yes	25	54	29
Solidified Red Rock	yes	54	64	10

Date started Feb 24, 19 71
Date completed Feb 27, 19 71

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
No Test			

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 10 inches Total depth 64 feet
Casing record 0 – 64
Weight per foot 26 Thickness 3/16

Diameter	From	To
10 inches	0 feet	64 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type Mud
Depth of seal 30 ft feet
Gravel packed: Yes [ ] No [ ]
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Torch Cut
Size perforation 1/8 x 4
From 64 feet to 48 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 16 Feet below land surface 16
Flow ..... G.P.M.
Water temperature 68 ° 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 L. B. J Drilling + Pump Co.
Address Po. Box 902 Winnemucca
Nevada contractor's license number 9605
Nevada driller's license number 492
Signed Jack Boggs Jr
Date Feb 28 71

USE ADDITIONAL SHEETS IF NECESSARY

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