

OFFICE USE ONLY
Log No. 11571
Permit No. _____
Basin Carson Dgs

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Carl DeFilippi ADDRESS 5225 Rossburg
Fallon, Nev. 89406
2. LOCATION NE 1/4 SW 1/4 Sec. 29 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>sand</u>		<u>0</u>	<u>8 1/2'</u>	
<u>water - coarse sand</u>		<u>8 1/2'</u>	<u>12'</u>	
<u>Clay</u>		<u>12'</u>	<u>21'</u>	
<u>coarse sand</u>		<u>21'</u>	<u>34'</u>	
<u>Bottom</u>				

8. WELL CONSTRUCTION
Diameter hole 8 3/4" inches Total depth 34' feet
Casing record steel
Weight per foot _____ Thickness _____

Diameter	From	To
<u>8 3/4"</u> inches	<u>0</u> feet	<u>34'</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
Depth of seal _____ feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet

Perforations:
Type perforation factory
Size perforation 1/16"
From 23' feet to 34' feet
From _____ feet to _____ feet

Date started June 15, 1971
Date completed June 17, 1971

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

9. WATER LEVEL
Static water level 8 1/2' Feet below land surface
Flow _____ G.P.M.
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 Bert Van Komen
Address 845 McLean
Nevada contractor's license number _____
Nevada driller's license number 609
Signed Bert Van Komen
Date June 22, 1971