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. 11769
Permit No.
Basin Eagle Val

1. OWNER John W Armstrong ADDRESS 2641 East Nyelant Carson City, Nev

2. LOCATION ¼ ¼ Sec. 32 T. 15 N/S R. 20 E. Ormsby County

PERMIT NO. Bigelow & Appion

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
Sand		0	18	18
Sandy Clay		18	27	9
Sand		27	48	21
Sandy Clay		48	56	8
Sand		56	69	13
Sandy Clay		69	83	14
Sand		83	89	4
Sandy Clay		89	96	7
Sandy Clay		96	113	17
		113	115	2

Date started 8-19, 1971
Date completed 8-18, 19

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST

G.P.M. 20 Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION

50' = 10"

Diameter hole 6.5 - 6 inches Total depth 115 feet
Casing record 6 WWC
Weight per foot 9.5 Thickness 10 GA

Diameter	From	To
6 inches	0 feet	115 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Concrete
Depth of seal 53 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Factory
Size perforation 3 X 3/32
From 90 feet to 115 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL

Static water level 33 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 W. M. Blain Drilling
Address Box 255 CC Nev
Nevada contractor's license number 10950
Nevada driller's license number 650
Signed Ralph Smith
Date 8-25-71

USE ADDITIONAL SHEETS IF NECESSARY

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