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. 12562
Permit No.
Basin Winnemucca Sag. & BRD

1. OWNER [illegible] ADDRESS [illegible]

2. LOCATION [illegible] ¼ [illegible] ¼ Sec. [illegible] T. [illegible] N/S R. [illegible] E. [illegible] 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	Thickness
[illegible]		0	45	45
[illegible]		45	55	10
[illegible]		55	70	15
[illegible]		70	[illegible]	[illegible]
[illegible]		8[illegible]	[illegible]	[illegible]
[illegible]		[illegible]	[illegible]	[illegible]
[illegible]		115	[illegible]	5
[illegible]		[illegible]	[illegible]	[illegible]

Date started 7-19, 1972
Date completed 8-26, 1972

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 50 Draw down 5 feet 2 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 10 inches Total depth feet
Casing record
Weight per foot [illegible] Thickness [illegible]

Diameter	From	To
10 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 Cement
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation [illegible] F.S.
Size perforation ¼ x 3
From 60 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 48 Feet below land surface
Flow G.P.M.
Water temperature ° 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 [illegible]
Address [illegible] Winnemucca Nev.
Nevada contractor's license number 10709
Nevada driller's license number 647
Signed 8-26-72
Date

USE ADDITIONAL SHEETS IF NECESSARY

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