

OFFICE USE ONLY
Log No. 17691
Permit No. 101
Basin 101

WELL DRILLERS REPORT

Please complete this form in its entirety

1. ~~Contractor~~ Don Cox ADDRESS Silver State
Lot 21 of Silver State Downs
2. LOCATION NE 1/4 NE 1/4 Sec. 27 T. 19 N. R. 28 E. Churchill County
PERMIT NO. _____

3. TYPE OF WORK	4. PROPOSED USE	5. TYPE WELL
New Well <input checked="" type="checkbox"/> Recondition <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/>	Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/>
Deepen <input type="checkbox"/> Other <input type="checkbox"/>	Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/>	Other <input type="checkbox"/>

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	1	1
Course sand		1	6	5
Sand		6	16	10
Clay		16	17	1
Fine sand	W	17	22	5
Clay		22	23	1
Rough Sand & Gravel		23	27	4
Hard Clay				

8. WELL CONSTRUCTION

Diameter hole 12 inches Total depth 27 feet
Casing record _____
Weight per foot _____ Thickness 2.5
Diameter From To
6 inches 0.1 feet 27 feet
_____ inches _____ feet _____ feet
Surface seal: Yes No Type Gravel
Depth of seal 10 feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet
Perforations:
Type perforation Squeezed
Size perforation 3/16
From 0.7 feet to 2.6 feet
From _____ feet to _____ feet

9. WATER LEVEL

Static water level 18 Feet below land surface 8
Flow 1 1/4 G.P.M. 30
Water temperature Cold ° F. Quality Good

Date started March 2, 1975
Date completed March 4, 1975

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>3000</u>	<u>30</u>	<u>21</u>	<u>8</u>

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Paul N. Pflimlin
Address 7007 Curry Rd.
Nevada contractor's license number 10655
Nevada driller's license number 928
Signed Paul N. Pflimlin
Date 3-4-75

BAILER TEST

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