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. 18014
Permit No.
Basin

1. OWNER Art Lindekugel ADDRESS 300 Mason Rd.

2. LOCATION SE ¼ NE ¼ Sec. 33 T. 20 N/S R. 26 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	Thickness
Top Soil		0	1	1
Rocky Soil		1	4	3
Sand		4	7	3
Hard Clay		7	13	6
Gravel & Rock		13	17	4
Clay		17	22	5
Hard Clay		22	26	4
Soft Clay		26	34	8
Rock, Gravel & Sand	✓	34	39	5

Date started April 11, 19 78
Date completed April 14, 19 78

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Jetted "0" well for			
Two hrs - Water Clear.			

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 8 inches Total depth 39 feet
Casing record
Weight per foot ..... Thickness .188

Diameter	From	To
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Clay
Depth of seal 10 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 34 feet to 39 feet

Perforations:
Type perforation Torch Cut
Size perforation 3/16
From 32 feet to 39 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 19 Feet below land surface 21
Flow 1¼ G.P.M. 25
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 Paul N. Pflimlin
Address 7007 Curry Rd.
Nevada contractor's license number 10655
Nevada driller's license number 928
Signed Paul N. Pflimlin
Date April 17, 1978

USE ADDITIONAL SHEETS IF NECESSARY

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