WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 22430
Permit No.
Basin

1. OWNER LaRoy Chadwell ADDRESS P.O. Bx 7485
Battle Mt. Nev.

2. LOCATION NE ¼ NE ¼ Sec. 10 T. 31 N/S R. 45 E. Lander 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
Sand & pea Gravel		0	30	30
yellow clay		30	55	25
yellow clay & [illegible]		55	75	20
gravel water Cons	10	75	85	10

Date started ....., 19.....
Date completed ....., 19.....

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

8. WELL CONSTRUCTION
Diameter hole 11 5/8 inches Total depth 85 feet
Casing record 0 - 85'
Weight per foot ..... Thickness 12 g.

Diameter	From	To
8 inches	0 feet	85 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 50 feet to 85 feet

Perforations:
Type perforation Torch Cut
Size perforation 1/8
From 65 feet to 85 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 8 Feet below land surface
Flow ..... G.P.M.
Water temperature Cool °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 NORMAN PARSONS
Address BATTLE MT. NEV
Nevada contractor's license number 016121
Nevada driller's license number 869
Signed Norman Parsons
Date 2-6-81

USE ADDITIONAL SHEETS IF NECESSARY

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