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. 9812
Permit No.
Basin GARD

1. OWNER Porthy Golden & Hobbs ADDRESS 381 McGoldrick & Sparks nev.
Quarts Lane Sun Valley -
2. LOCATION NW ¼ NE ¼ Sec. 13 T. 20 N/S R. 19 E. Washoe — 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
Solid Rock		0	10	10
D-G		10	15	5
Rock		17	36	19
Loose - Shale - Water	36	36	40	5
Grannit		40	45	9
D.G.		45	65	20
Grannit		65	75	10
Loose & Broken Rock Water	75	75	80	5
Grannit		80	95	15

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. 15 Draw down 18 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 50 feet
Casing record 6 5/8
Weight per foot 13 # Thickness 3/16

Diameter	From	To
6" 5/8 inches	0 feet	80 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 Torch Cut
Size perforation 1/8
From 60 feet to 80 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 12 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 J.W. Cunningham
Address Rt 1 Box 844 Reno nev
Nevada contractor's license number 6724
Nevada driller's license number 242
Signed J.W. Cunningham
Date 11/30/67

USE ADDITIONAL SHEETS IF NECESSARY

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