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. 10053
Permit No.
Basin MASON VAL CARS

1. OWNER Ralph Richardson ADDRESS Box 1039 Reed Heights, Nevada

2. LOCATION ¼ S E ¼ Sec. 16 T. 14 N/S R. 25 E. Lyon 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
Soil		0	3	3
Sandy clay		3	19	16
Sand	✓	19	20	1
Clay		20	44	24
Sand	✓	44	52	8
Clay		52	58	6
Coarse Sand	✓	58	74	16
Clay		74	79	5

Date started 5-3, 1968
Date completed 5-6, 1968

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 48 Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter hole 10" to 50' inches Total depth 79 feet
Casing record 6" x 80'
Weight per foot 9.7 lbs Thickness 10 ga

Diameter	From	To
6" inches	0 feet	79 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 Factory Sawed
Size perforation 3 x 1/32
From 56 feet to 76 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 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 W. E. Bleau
Address P.O. Box 255 Carson City
Nevada contractor's license number 5257
Nevada driller's license number 301
Signed W. E. Bleau
Date 5-13-68

USE ADDITIONAL SHEETS IF NECESSARY

5471