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. 10206
Permit No.
Basin ~~Mason Valley~~ SMITH

1. OWNER Julia Lommori ADDRESS Smith Nevada

2. LOCATION SW ¼ NW ¼ Sec. 4 T. 10 N/S R. 24 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
Brown Sandy Clay		0	48	48
Brown Sand	✓	48	56	8
Brown Sandy Clay		56	84	28
Brown Sand & Gravel	✓	84	90	6
Brown Sandy Clay		90	100	10
Brown Sand & Gravel	✓	100	130	30
Brown Clay		130	131	1

Date started 8-4, 1965
Date completed 8-6, 1965

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 32 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 32" inches Total depth 131 feet
Casing record 6" X 132'
Weight per foot 9.7 Thickness 10 ga

Diameter	From	To
6" inches	0 feet	131 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 Slotted
Size perforation 3" X 3/32"
From 108 feet to 128 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level ..... Feet below land surface 75
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. Blair
Address P.O. Box 255 Carson City
Nevada contractor's license number 5259
Nevada driller's license number 301
Signed W. E. Blair
Date 8-13-65

USE ADDITIONAL SHEETS IF NECESSARY

5471