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. 11585
Permit No.
Basin Carson

1. OWNER Tony Cabral ADDRESS Gen. Del., Silver Springs, Nev

2. LOCATION Parcel 50 - Sub #2 ¼ ¼ Sec. 25 T. 18 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
Fine sand & gravel		0	35	35
clay		35	65	30
standing water	25			
first water	65			
fine sand & gravel		65	143	78
standing on clay at 143'				

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

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
jet pump	25	15	8

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 143 feet
Casing record
Weight per foot ..... Thickness .188

Diameter	From	To
8 inches	0 feet	143 feet
12 inches	0 feet	35 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Cement
Depth of seal 35 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Saw cut
Size perforation 1/8 x 4 8 lines - 25'
From 118 feet to 143 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 30 Feet below land surface
Flow 25 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. F. Tilton
Address Box 35, Silver Springs, Nev.
Nevada contractor's license number
Nevada driller's license number 628
Signed W. F. Tilton
Date June 26, 1971

USE ADDITIONAL SHEETS IF NECESSARY

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