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. 11799
Permit No.
Basin Washoe Cond.

1. OWNER Dixon Homes ADDRESS 2802 Kietzke Lane Reno, Nevada
1450 East Lake Blvd.

2. LOCATION ¼ ¼ Sec. 30 T. 16 N/S R. 19 E. Washoe County
PERMIT NO.

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [X] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [ ]

5. TYPE WELL
Cable [ ] Rotary [X]
Other [ ]

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	4	4
Clay & boulders		4	7	3
Sandy clay & D G		7	61	54
Sand		61	65	4
Decomposed Granite with sc. clay stgrs.		65	91	26
Granite	Yes	91	128	37

Date started March 11, 19 71
Date completed March 25, 19 71

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3460	11	28	12

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 10 inches Total depth 128 KB feet
Casing record
Weight per foot Thickness 3/18

Diameter	From	To
6 5/8 inches	0 feet	123 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type Cement
Depth of seal 50 feet
Gravel packed: Yes [X] No [ ]
Gravel packed from 128 feet to 50 feet

Perforations:
Type perforation Factory
Size perforation 1/8 X 3 inch
From 123 feet to 83 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 77 Feet below land surface
Flow No 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 Hoover & Sons Construction Co.
Address 9310 Pan American Way
Nevada contractor's license number 3884-A
Nevada driller's license number 631
Signed J. M. Glenn
Date March 29, 1971

USE ADDITIONAL SHEETS IF NECESSARY

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