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. [illegible]
Permit No.
Basin Washoe Valley

1. OWNER Karl M. Keith ADDRESS 150 Brownstone Dr.
Reno, Nevada
1835 Brenda

2. LOCATION ¼ ¼ Sec. 31 T. ~~16~~ 17 N/S R. ~~19~~ 20 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	8	8
Sandy clay & DG		8	31	23
Clay		31	53	22
DG hard		53	66	13
Sand & gravel	Yes	66	77	11
clay		77	86	9
Granite broken	Yes	86	112	26

Date started December 11, 1971
Date completed December 12, 1971

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3450	12	24	48

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 112 feet
Casing record
Weight per foot Thickness .188

Diameter	From	To
6 5/8 inches	0 feet	112 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 112 feet to 50 feet

Perforations:
Type perforation Factory
Size perforation 1/8 X 3
From 112 feet to 72 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 23 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 Glenn Pump and Drilling
Address 9310 Par American Way
Nevada contractor's license number 11139
Nevada driller's license number 631
Signed J. M. Glenn
Date December 13, 1971

USE ADDITIONAL SHEETS IF NECESSARY

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