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. 12 940
Permit No.
Basin Washoe Valley

1. OWNER Mr. James Simmond ADDRESS East Lake Blvd Carson City

2. LOCATION ¼ ¼ Sec. 5 T. 16N N/S R. 20 E. Washoe 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 | 1 | 1 |
| Decomposed granite | | 1 | 53 | 52 |
| Hard decomposed granite | | 53 | 259 | 206 |
| Hard Blue granite | | 259 | 265 | 6 |

Date started March 4, 1973
Date completed March 6, 1973

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 8-10 Draw down feet hours
G.P.M. with air Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 265 feet
Casing record 60 ft .156
Weight per foot Thickness

| Diameter | From | To |
|---|---|---|
| 6 5-8 inches | plus 1 feet | 60 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 NONE
Size perforation
From feet to 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
Flow G.P.M.
Water temperature cold F. Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Levy Matthews & Son
Address P.O. Box 7334 Reno
Nevada contractor's license number 9910
Nevada driller's license number 544
Signed David L. Matthews by JM
Date March 6, 1973

USE ADDITIONAL SHEETS IF NECESSARY

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