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. 13509
Permit No.
Basin Truckee Meadows 92A

1. OWNER R. T. Johnson ADDRESS 355 Century Way
1000 Osage Reno, Nevada

2. LOCATION ¼ ¼ Sec. 23 T. ~~20~~ 21 N/S R ~~19~~ 18 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
Top Soil		0	5	5
Sandy Clay with OC Stringers		5	19	14
Gravel		19	25	6
Blue Clay		25	89	64
Sand & Gravel	yes	89	96	7
Gray Clay		96	103	7
Sand & Gravel	yes	103	109	6
Gray Clay		109	113	4
Sand & Gravel	yes	113	119	6
Blue Clay		119	125	6

Date started July 21, 19 73
Date completed July 21, 19 73

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
3450	12	4	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 10" inches Total depth 125 feet
Casing record 0 - 125
Weight per foot Thickness .188

Diameter	From	To
6 5/8 inches	0 feet	125 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 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 125 feet to 53 feet

Perforations:
Type perforation Factory
Size perforation 1/8 X 3
From 125 feet to 51 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 18 Feet below land surface
Flow G.P.M.
Water temperature Cold ° F. Quality No Test

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

Name Glenn Pump & Drilling
Address P.O. Box 99, Stanford, Nev.
Nevada contractor's license number 11139
Nevada driller's license number 698
Signed J. M. Glenn
Date July 26, 1973

USE ADDITIONAL SHEETS IF NECESSARY

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