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. 13670
Permit No. 27187
Basin Carson, Val

1. OWNER The Genoa Co ADDRESS Genoa Nev.
Sierra View Clinic

2. LOCATION NE ¼ SE ¼ Sec. 10 T. 12 N/S R. 20 E. Douglas County
PERMIT NO. 27187

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
Clay		0	6	6
Gravel	6	6	22	16
Clay & Gr		22	56	34
Gravel	56	56	81	25
Clay		81	103	22
Gravel		103	126	23
Clay & Gr		126	152	26
			152	

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

7. WELL TEST DATA

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

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 152 feet
Casing record .....
Weight per foot ..... Thickness .....

Diameter	From	To
10 inches	0 feet	152 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 48' feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Factory perf.
Size perforation 3/32 x 3
From 106' feet to 147 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 ..... ° F. Quality .....

10. DRILLERS CERTIFICATION

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

Name Steve Kawchack
Address PO Box 536 Gardnerville Conn.
Nevada contractor's license number 4517
Nevada driller's license number 545
Signed Steve Kawchack
Date 11-13-73

USE ADDITIONAL SHEETS IF NECESSARY

5471