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. 13805
Permit No.
Basin Carson Val

1. OWNER John Etheridge ADDRESS South Lake Tahoe
Fish Creek Flats

2. LOCATION ¼ ¼ Sec. 11 T. 12 N/S R. 21 E. Douglas 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
Rock + Clay		0	35	35
Clay		35	40	5
Gravel		40	50	10
Clay		50	55	5
Sand + Clay		55	63	18
Clay + Gravel		63	80	17
Gravel		80	85	5
Clay + Gravel		85	100	15
Sand, Clay, Gravel		100	120	20

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 8 inches Total depth 120 feet
Casing record
Weight per foot ..... Thickness

Diameter	From	To
8 inches	0 feet	120 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
Size perforation 5/32 X 3
From 100' feet to 115' 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 Kawchack Pump & Well Serv
Address PO Box 536 Gardnerville, Nev

Nevada contractor's license number 9511

Nevada driller's license number 545

Signed Steve Kawchack

Date 2-9-74

USE ADDITIONAL SHEETS IF NECESSARY

5471