DIVISION OF WATER RESOURCES
Felton

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 14055
Permit No.
Basin Carson Vol 105

1. OWNER Lane Felton ADDRESS Minden nev

2. LOCATION ¼ ¼ Sec. 4 T. 13 N/S R. 18 E. 20 ? 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
Sand & Clay		0	27	27
Rock		28	40	12
Clay & Rock		41	114	73
Clay & Sand		115	184	69
Sand	Water	185	201	16
Clay & Sand		202	228	26
Sand		229	245	16
Clay & Sand		246	248	2

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 248 feet
Casing record 248 feet
Weight per foot ..... Thickness .....

Diameter	From	To
8 inches	0 feet	248 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 0-50 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Factory
Size perforation 3 x 3/32
From 225 feet to 245 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 P.O. Box 536 Gardnerville
Nevada contractor's license number 9511
Nevada driller's license number 545
Signed Steve Kawchack
Date 6-7-74

USE ADDITIONAL SHEETS IF NECESSARY

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