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. 14103
Permit No.
Basin Mason Valley

1. OWNER Bob Rogers ADDRESS Rt 1 Box 615 CC, NEV 89701

2. LOCATION ¼ ¼ Sec. 16 T. 14N N/S R 25 E. Lyon County
PERMIT NO. Yerington

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 |
|---|---|---|---|---|
| Sandy Soil | | 0 | 3 | 3 |
| Clay | | 3 | 16 | 13 |
| Sand & Gravel | ✓ | 16 | 52 | 36 |
| Clay | | 52 | 56 | 4 |
| Sand & Gravel | | 56 | 85 | 29 |
| Sandy Clay | | 85 | 86 | 1 |

Date started 4-23-74, 19
Date completed 4-26-74, 19

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 60 Draw down 20 feet hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
12" 50' 36' 8" inches Total depth 86 feet
Casing record 8 5/8
Weight per foot 16.5 Thickness 188

| Diameter | From | To |
|---|---|---|
| 8 inches | 0 feet | 86 feet |
| inches | feet | feet |
| inches | feet | feet |
| inches | feet | feet |
| inches | feet | feet |
| inches | feet | feet |

Surface seal: Yes ☒ No ☐ Type Concrete
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from feet to feet

Perforations:
Type perforation Factory
Size perforation 3 x 3/32
From 62 feet to 82 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 10 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 W. M. Blair
Address Box 255 CC, NEV
Nevada contractor's license number 10950
Nevada driller's license number 301
Signed W. E. Blair
Date 6/13/74

USE ADDITIONAL SHEETS IF NECESSARY

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