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. 14345
Permit No. 28770
Basin Carson Val

1. OWNER Michael Miluck ADDRESS Genoa NV.
Genoa, Nevada

2. LOCATION ¼ ¼ Sec. 9 T. 13 N/S R. 19E E. Douglas County
PERMIT NO. 28770

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
Boulders + Clay		0	18	18
Clay + Rock		18	43	30
Clay + Rocky gravel		43	63	20
Clay + gravel		63	100	37
Clay strata from some gravel		100	112	12
Clay + sand (DG)		112	135	23
Rock + Sandy (DG)		135	155	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 155 feet
Casing record .....
Weight per foot ..... Thickness .....

Diameter	From	To
8 inches	0 feet	155 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 50 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation factory
Size perforation 3 x 3/32
From 135 feet to 150 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 140 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 Eddy Kawchack
Address 1400 Muir Dr.
Nevada contractor's license number 9511
Nevada driller's license number 762
Signed Eddy Kawchack
Date 9-30-74

USE ADDITIONAL SHEETS IF NECESSARY

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