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. 14346
Permit No. 29467
Basin Carson Valley

J.G. GRUBER

1. OWNER Phil Sullivan ADDRESS Gardnerville, Nev.

2. LOCATION SE ¼ NE ¼ Sec. 24 T. 12 N/S R. 20 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
Clay + Rock		0	25	25
Clay		25	75	50
Clay + sand some grv		75	95	20
Clay + gravel		95	108	13
Clay + Sandy gravel		108	140	32
gravel + sand	140'	140	145	5'

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 190' feet
Casing record .....
Weight per foot ..... Thickness .....

Diameter	From	To
8 inches	0 feet	180 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 ..... feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation 3 x 3/32
Size perforation factory
From 166' feet to 186' feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 160 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 1480 Muir Dr.
Nevada contractor's license number ~~[illegible]~~ 9511
Nevada driller's license number 762
Signed Eddy Kawchack
Date 9-30-74

USE ADDITIONAL SHEETS IF NECESSARY

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