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. 14357
Permit No.
Basin Lemmon Valley

1. OWNER Joe M. Hathaway ADDRESS 820 Keele Drive, Reno, Nevada
Job Site: Heppner Subdivision #4, Lot 10, Block 12, Lemmon Valley Area

2. LOCATION ¼ ¼ Sec. 15 T. 2 N/S R. 7 E. Washoe County
PERMIT NO. 15

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
Topsoil		0	8	
Sandy Clay		8	130	
Coarse Sand with Gravel		130	183	
Cement Plug set in bottom of Casing				

Date started 7/26, 19 74
Date completed 8/9, 19 74

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 10" to 50' inches Total depth 183 feet
Casing record
Weight per foot ..... Thickness

Diameter	From	To
6 5/8 inches	0 feet	183 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 1/8 X 3
From 163 feet to 183 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 Wayne Burroughs
Address 10310 Old Virginia City Road, Reno, Nevada
Nevada contractor's license number 5092
Nevada driller's license number 759
Signed [signature]
Date August 14, 1974

USE ADDITIONAL SHEETS IF NECESSARY

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