

WELL DRILLERS REPORT

Please complete this form in its entirety

Log No. 14594
 Permit No. _____
 Basin T. Washoe
 088

1. OWNER Dale Hines ADDRESS 4230 Juniper Creek Rd.
15450 Callahan Ranch Rd., Mt. Rose
Reno, Nevada
 2. LOCATION $\frac{1}{4}$ $\frac{1}{4}$ Sec. 2 T. 18 N&S R. 20 E. Washoe County
 PERMIT NO. 17 19

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Clay topsoil		0'	2'	2'
Clay w/boulders & cobbles		2'	6'	4'
Boulders & cobbles w/ 3/4" semi-angular gravels w/some clay		6'	41'	35'
Some clay w/cobbles-med. hard		41'	68'	27'
Sandy clay		68'	75'	7'
Med. fine sand w/semi-angular gravels to 1/2" w/occasional cobbles & clay lenses to 2 1/2'		75'	140'	65'

8. WELL CONSTRUCTION
 Diameter hole 6 inches Total depth 140 feet
 Casing record 140
 Weight per foot 12.89 Thickness 188

Diameter	From	To
6 5/8 OD inches	0 feet	140 feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type Cement grout
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet
 Perforations:
 Type perforation Factory mill slot
 Size perforation 5/32" X 2 1/2"
 From 110' feet to 140' feet
 From _____ feet to _____ feet

Date started 12-29-73 19____
 Date completed 1-2-74 19____

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air blown	20	126'	

9. WATER LEVEL
 Static water level 72' Feet below land surface
 Flow 20 G.P.M. @ 126'
 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.L. McDonald & Co.
P.O. Box 404
 Address Sparks, Nevada 89431
 Nevada contractor's license number 9767
 Nevada driller's license number 493
 Signed W.L. McDonald
 Date 1-6-74

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours