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. 15320
Permit No.
Basin

1. OWNER DICK LEGARZA ADDRESS 241 Ridge Street Reno, Nevada

2. LOCATION ¼ ¼ Sec. 12 T. 18N N/S R. 19 E. Washoe 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 ☒ air
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown silty sand w/ boulders		0	15	15
Brown sandy clay w/ broken rock mixed to 1½" diameter		15	46	31
Blue and brown fine to coarse sand w/ ~~gravels~~ gravels to ½" diameter-inconsistantly water bearing		46	80	34

Date started 12-22-75, 19
Date completed 12-23-75, 19

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
AIR BLOWN:	~~XX~~		
	47GPM	@ 50'	depth
	60GPM	@ 75'	depth

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 6 inches Total depth 80 feet
Casing record 0-80' X 6 5/8OD
Weight per foot 12.90 Thickness .188

Diameter	From	To
10 inches	0 feet	50 feet
8½ inches	50 feet	80 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type transit mix
Depth of seal 48 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation factory mill slot
Size perforation 5/32 X 2½"
From 62 feet to 80 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 30 Feet below land surface
Flow G.P.M.
Water temperature cold °F. Quality not tested

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.
Address P.O. Box 404; Sparks, Nevada
Nevada contractor's license number 9767
Nevada driller's license number 493
Signed W. L. McDonald
Date 29 December, 1975

USE ADDITIONAL SHEETS IF NECESSARY

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