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. 15536
Permit No.
Basin

1. OWNER JOHN L. GARRISON ADDRESS SILVER SPRINGS, NEV

2. LOCATION ¼ E½ Sec. 16 T. 17 N/S R. 26 E. LYON County
PERMIT NO. STOCKTON SUB DIV. 1 PARCEL 1

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
SAND		0	67	67
CLAY		67	77	10
SANDY CLAY		77	100	23
CLAY		100	103	3
SANDY CLAY		103	136	33
SAND		136	143	7
CLAY		143	160	17
COURSE SAND		160	183	23

Date started ....., 19....
Date completed APRIL 19, 1976

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
JETPUMP	28	10'	6

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 183 feet
Casing record
Weight per foot ..... Thickness 188

Diameter	From	To
12 inches	0 feet	15 feet
8 inches	0 feet	183 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 SAW CUT
Size perforation 18X4 8 LINES 20'
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 40 Feet below land surface
Flow 28 G.P.M.
Water temperature 60.0 ° F. Quality GOOD

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name THOMAS W. TILTON
Address BOX 35 SILVER SPRINGS NEV
Nevada contractor's license number 12108
Nevada driller's license number 809
Signed Thomas Tilton
Date APRIL 30 76

USE ADDITIONAL SHEETS IF NECESSARY

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