WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 16064
Permit No.
Basin

1. OWNER G.W. Montgomery ADDRESS Box 4242 Incline Village, Nev

2. LOCATION ¼ ¼ Sec. 10 T. 13 N/S R. 19 E. Douglas County
PERMIT NO. Lot #38 Pioneer Trail Sub Genoa

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	2	2
Sandy Clay		2	8	6
Sand & Gravel	x	8	14	6
Sandy Clay & Rock		14	32	18
Sandy Clay		32	57	25
Sand & Gravel	x	57	60	3
Sandy Clay		60	74	14
Sand & Gravel	x	74	86	12
Sandy Clay		86	94	8
Sand & Gravel	x	94	100	6
Sandy Clay		100	105	5

Date started 11/24/76, 19
Date completed 11/29/76, 19

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. 25 Draw down 30 feet 1 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
12" 50'
Diameter hole 55 - 8" inches Total depth 105 feet
Casing record 8 5/8
Weight per foot 16.9 Thickness 188

Diameter	From	To
8 inches	0 feet	105 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 3 X 3/32
From 81 feet to 101 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 10
Flow G.P.M.
Water temperature cold 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.M. Blain
Address Box 353 Dayton, Nv
Nevada contractor's license number 10950
Nevada driller's license number 757
Signed Charles Rohe
Date 12/19/76

USE ADDITIONAL SHEETS IF NECESSARY

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