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. 16208
Permit No.
Basin

1. OWNER KENNETH L. BUTLER CONST. ADDRESS 4440 St. Andrews Drive
Reno, NV 89502

2. LOCATION ¼ NE ¼ Sec. 18 T. 18N N/S R. 19 E. Washoe County
PERMIT NO. 1355 Seleso Rd., Reno, NV

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [X] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [ ]

5. TYPE WELL
Cable [ ] Rotary [X]
Other [ ] Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Cement Boulders		0	60	60
Gravel-Boulders & Sand		60	135	75

Date started February 14, 19 77
Date completed February 19, 19 77

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 8½ inches Total depth 135 feet
Casing record 135 Ft. 6-5/8" .188 Steel
Weight per foot ..... Thickness .188

Diameter	From	To
6-5/8 inches	0 feet	135 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type Cement Grout
Depth of seal 50 feet
Gravel packed: Yes [X] No [ ]
Gravel packed from 50 feet to 135 feet

Perforations:
Type perforation Sawed slots
Size perforation 3/32 x 2½ 6 around
From 95 feet to 135 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 62 Feet below land surface
Flow 20 G.P.M. w/air
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 DRILLING CO.
Address P. O. BOX 347, NEWCASTLE, CA 95658
Nevada contractor's license number 8937
Nevada driller's license number 471
Signed Wayne Hedeman
Date February 21, 1977

USE ADDITIONAL SHEETS IF NECESSARY

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