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. 16433
Permit No.
Basin

1. OWNER Thomas B. Williams ADDRESS Wellington, Nev. 89444
Parcel 1
Lot 22 Valley View Ranches

2. LOCATION ¼ W ½ Sec. 10 T. 11 N/S R. 23 E. MDB Lyon 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 ☐
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Decomposed granite and small rock	No	0	100	100
Small gravel and sand	Yes	100	128	28
Yellow clay & sand mix	No	128	155	27
Coarse sand with yellow clay strata in between	Yes	155	170	15
Pea gravel	Yes	170	180	10

Date started 5-6-, 1977
Date completed 5-12-, 1977

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Hsp	17	0	18

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 180 feet
Casing record 180
Weight per foot Thickness 188

Diameter	From	To
8 inches	0 feet	180 feet
inches	feet	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 Slot
Size perforation 4" x 1/16"
From 160 feet to 180 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 103 Feet below land surface 100
Flow G.P.M.
Water temperature 65 °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 Edmund Miller Drilling Co.
Address Box 92, Smith, Nev. 89430
Nevada contractor's license number 12272
Nevada driller's license number 718
Signed Edmund Miller
Date 5-13-77

USE ADDITIONAL SHEETS IF NECESSARY

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