DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

I

OFFICE USE ONLY
Log No. 16516
Permit No.
Basin

1. OWNER MR + MRS T. H. McCORD ADDRESS P.O. Box 165
SPARKS, NEV. 89431

2. LOCATION S.E ¼ ¼ Sec. 18 T. 20 N/S R. 24 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 ☐
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand		0	18	18
Clay		18	20	2
Rock		20	25	5
Sand & Gravel		25	62	37

Date started 19
Date completed June 8, 1977

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air jet	20	4 ft.	4 1/2 hrs.

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 62 feet
Casing record
Weight per foot ..... Thickness 3221

Diameter	From	To
12 inches	0 feet	15 feet
8 inches	0 feet	62 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 20 ft. feet
Gravel packed: Yes ☐ No ☐
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Raw Cut
Size perforation 1/8 X 4" 8 lines 20 ft
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 30 Feet below land surface
Flow 20 G.P.M.
Water temperature Cold 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 P.O. Box 35 Silver Sprgs. Nev.
Nevada contractor's license number 12108
Nevada driller's license number 809
Signed [signature]
Date June 8, 1977

USE ADDITIONAL SHEETS IF NECESSARY

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OFFICE
STATE ENGINEER
1977 JUN 10 AM 10 13

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