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. 16609
Permit No.
Basin

1. OWNER Mr. Lundine ADDRESS Genoa, Nev

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

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
Top Soil		0	4	4
Sandy Clay		4	14	10
Sand	X	14	15	1
Sandy Clay		15	40	25
Sand & Gravel	X	40	46	6
Sandy Clay		46	62	16
Sand & Gravel	X	62	64	2
Sandy Clay		64	78	14
Sand & Gravel	X	78	82	4
Sandy Clay		82	88	6
Sand & Gravel	X	88	94	6
Sandy Clay		94	98	4
Sand & Gravel	X	98	101	3
		101	102	1

Date started 6-21-77, 19
Date completed 6-24-77, 19

7. WELL TEST DATA

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

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

8. WELL CONSTRUCTION
Diameter hole 12" = 50' 8" = 52' inches Total depth 102 feet
Casing record 8 5/8
Weight per foot 16.9 Thickness 188

Diameter	From	To
8 inches	0 feet	102 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 80 feet to 100 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 +1
Flow Yes G.P.M.
Water temperature Cold 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, Nev.
Nevada contractor's license number 10950
Nevada driller's license number 757
Signed Charles Rohe
Date

USE ADDITIONAL SHEETS IF NECESSARY

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