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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 16761
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Dyer Construction ADDRESS Reno Nev
2685 CACTUS DRIVE - GOLDEN VALLEY

2. LOCATION ¼ ¼ Sec. 10 T. 20 N/S. R. 19 E. WASHOE County
PERMIT NO. DOMESTIC

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☒ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐ AIR

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
VALLEY FILL		0	65	65
GRANITE		65	85	20
BROKEN GRANITE IN GRAVEL FORM	X	85	100	15
FRACTURED GRANITE	X	100	110	10
SOLID GRANIT		110	120	10

Date started 8-7, 1977
Date completed 8-10, 1977

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 60 Jet 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 120 feet
Casing record 6 5/8 - DD
Weight per foot ..... Thickness 219

Diameter	From	To
6 5/8 inches	+2 feet	120 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 50 feet to 120' feet

Perforations:
Type perforation MILLSLOT
Size perforation .060 X 3"
From 80 feet to 115 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 26 Feet below land surface
Flow ..... G.P.M.
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 Burt Drilling
Address Box 11324 Reno
Nevada contractor's license number 6587
Nevada driller's license number 899
Signed [signature]
Date 8-11-77

USE ADDITIONAL SHEETS IF NECESSARY

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