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. 16763
Permit No.
Basin

1. OWNER JOHN SPENDLOVE ADDRESS 1930 TRAINER WAY RENO, NEV. 89512
2660 MARGARET DR. GOLDEN VALLEY
2. LOCATION SE ¼ NW ¼ Sec. 10 T. 20N 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
TOP SOIL		0	3	3
DG.		3	48	45
SAND		48	49	1
DG		49	57	8
SAND & GRAVEL	X	57	59	2
DIORITE - BROKEN		59	185	126
WATER IN BOTTOM 40'		145	185	

Date started 7-13, 19 77
Date completed 7-15, 19 77

7. WELL TEST DATA

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

AIR JET BAILER TEST
G.P.M. 20 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 185 feet
Casing record 6"
Weight per foot ____ Thickness 3/16

Diameter	From	To
6 5/8 inches	+ 2 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 50 feet to 180 feet

Perforations:
Type perforation MILL SLOT
Size perforation 3/32 X 3"
From 140 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 55 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 K. B. BURT
Address Box 11324 RENO
Nevada contractor's license number #6589
Nevada driller's license number 899
Signed [signature]
Date 7-23-77

USE ADDITIONAL SHEETS IF NECESSARY

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OFFICE
STATE ENGINEER
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