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. 17121
Permit No.
Basin

1. OWNER Crick and Corbett Construction ADDRESS P.O. Box 5267
Reno Nevada 89503

2. LOCATION ¼ ¼ Sec. 14 T. 19 N/S R. 18 E. Washoe County
PERMIT NO. Peavine Meadows Lot #1

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
Boulders and Clay Conglomerants.		0	6	6
Sand, Gravel, and Boulders		6	108	102
Blue Shale Pack with Fracturs		108	150	42

Water Bearing Fractures at:
125' & 142'

Date started 10-12, 19 77
Date completed 10-13-, 19 77

7. WELL TEST DATA

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

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 6 inches Total depth 150 feet
Casing record 150' 6-5/8" OD .188
Weight per foot Thickness .188

Diameter	From	To
inches	feet	feet
6-5/8 inches	0 feet	150 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Cement
Depth of seal 60 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 60 feet to 150 feet

Perforations:
Type perforation Factory Sawed Slots
Size perforation 3/32" X 2½ X 6 Around
From feet to feet
From 110 feet to 150 feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 98 Feet below land surface
Flow 16 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 WAYNE DRILLING, INC.
Address P.O. BOX 347 NEWCASTLE CA. 95658
Nevada contractor's license number 14043
Nevada driller's license number ~~410~~ 471
Signed Wayne Johnson
Date 10-17-77

USE ADDITIONAL SHEETS IF NECESSARY

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