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. 17204
Permit No. 30436
Basin

1. OWNER ROGER SHAHEEN ADDRESS Franktown Road

2. LOCATION SW ¼ SW ¼ Sec. 23 T. 16 N/S R. 19 E. WASHOE County
PERMIT NO. 30436

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	1	1
DECOMPOSED GRANITE w/ CLAYS		1	43	42
DECOMPOSED GRANITE		43	129	86
BREAK 63/71				
BREAK 92-97				
BREAK 124-128				
BREAK 133-137				
BREAK 141-144				
BROKEN 144-151				
WEATHERED GRANITE		129	150	21

Date started 1 June, 19 77
Date completed 12 July, 19 77

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
NO TEST			

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 12 & 8 inches Total depth 150 feet
Casing record 12" - 280 8 - 188
Weight per foot Thickness

Diameter	From	To
8 5/8 inches	41 feet	150 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 55 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 60 feet to 143 feet

Perforations:
Type perforation SLOT
Size perforation 1/8" X 3"
From 103 feet to 143 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
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 Glenn Pump + Drilling Co.
Address P.O. Box 99, Steamboat, Nev. 89431
Nevada contractor's license number 11139
Nevada driller's license number 765
Signed Bob Cunningham
Date 12 July 77

USE ADDITIONAL SHEETS IF NECESSARY

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