DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 17459
Permit No.
Basin

1. OWNER JIM DYER ADDRESS P.O. Box 11634 Reno, Nevada 89510
2720 MARGARET

2. LOCATION SW ¼ NE ¼ Sec. 10 T. 20N N/S R. 19E E. Washoe County
PERMIT NO. Lot 12 A.P.N. 088-93-12

3. TYPE OF WORK: New Well XX ☐ Recondition ☐ Deepen ☐ Other ☐

4. PROPOSED USE: Domestic XX ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL: Cable ☐ Rotary XX Other ☐ AIR

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Over Burden		0	2	2
Medium Hard Clay with Decomposed Granite		2	35	33
Loose Broken Rock with Sand		35	70	35
Medium Hard Rock		70	120	50
Hard Gray Rock		120	150	30

Water Bearing Fractures Found at: 70', 120', 135'.

Date started 12-2, 19 77
Date completed 12-7, 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
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 XX No ☐ Type Cement
Depth of seal 50 feet
Gravel packed: Yes XX No ☐
Gravel packed from 50 feet to 150 feet

Perforations:
Type perforation Factory Sawed Slots
Size perforation 3/32" X 2½ X 6 Around
From feet to feet
From 90 feet to 140 feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 73 Feet below land surface
Flow 15 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 471
Signed Wayne Hedman
Date 12-14-77

USE ADDITIONAL SHEETS IF NECESSARY

5471

DIVISION OF WATER RESOURCES

STATE OF NEVADA

WELL INTEGRITY REPORT

Please complete this form in its entirety

1. OWNER _____ ADDRESS _____

2. LOCATION _____ NAME _____

PERMIT NO. _____

TYPE OF WORK

Recondition	☐	Drawing	☐
Other	☐	Monitoring	☐

PROPOSED USE

Irrigation	☐	Drawing	☐
Industrial	☐	Monitoring	☐

LITHOLOGY LOG

Material	Water Level	Depth	Type

WELL CONSTRUCTION

Diameter _____ Depth _____

Casing _____

Weld or Screw _____

Surface seal: Yes ☐ No ☐ Type _____

Depth to seal _____

Gravel packed: Yes ☐ No ☐

Gravel packed from _____

Perforations

Type of location _____

Size perforation _____

From _____ ft. _____

From _____ ft. _____

From _____ ft. _____

From _____ ft. _____

From _____ ft. _____

WELL TEST DATA

Type Test	G.P.M.	Draw Down	Test Hours

Date started _____

Date completed _____

Name _____

Address _____

Signature _____

Date _____

PUMP TEST

G.P.M. _____ Draw down _____ feet _____ hours

G.P.M. _____ Draw down _____ feet _____ hours

G.P.M. _____ Draw down _____ feet _____ hours

USE ADDITIONAL SHEETS IF NECESSARY