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

STATE OF NEVADA
DIVISION OF WATER RESOURCES
[redacted]
WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 17639
Permit No. 29955
Basin

1. OWNER Central Fire Dist, Lyon Co. ADDRESS c/o Chief Bill Southard Yerington, Nev. 89447
#817, Mark Twain Subdivision
2. LOCATION NE ¼ NW ¼ Sec. 28 T. 17 N/S R. 22 E. Lyon County
PERMIT NO.

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
Alluvial, small rock and dirt	No	0	57	57
Gray sandy clay with some rock strata	No	57	110	53
Gravel and rock	Yes	110	126	16
Gray sandy clay	No	126	137	11
Some gravel and rock	Yes	137	150	13

Date started 2-3-, 19 78
Date completed 2-8-, 19 78

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 25 Draw down 10 feet 2 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 150 feet
Casing record 150
Weight per foot Thickness 188

Diameter	From	To
8 inches	0 feet	150 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Concrete
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from feet to feet

Perforations:
Type perforation Saw Slot
Size perforation 1/16 x 4"
From 130 feet to 150 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 104 Feet below land surface 104
Flow G.P.M.
Water temperature 65 °F. Quality Good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Edmund Miller Drilling Co.
Address Box 92, Smith, Nev. 89430
Nevada contractor's license number 12272
Nevada driller's license number 718
Signed Edmund Miller
Date 2-13-78

USE ADDITIONAL SHEETS IF NECESSARY

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