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. 18367
Permit No.
Basin

1. OWNER H. B. SPRINGER ADDRESS 1100 MOANA LANE RENO, NEVADA 89509

2. LOCATION NE ¼ SE ¼ Sec. 29 T. 21 N/S R. 18 E. WASHOE County
PERMIT NO.

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [X] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [ ]

5. TYPE WELL
Cable [X] Rotary [ ]
Other [ ]

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	3	3
SM. ROCK IN BROWN CLAY		3	28	25
HARDPAN		28	35	7
SANDY SOIL	X	35	42	7
SANDY GRAVEL EMBEDDED IN BROWN CLAY		42	102	60
SANDY GRAVEL	X	102	120	18
BLUE CLAY		120	123	3

Date started MAY 22, 1978, 19
Date completed JUNE 12, 1978, 19

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 20 + Draw down 10 feet 1 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 6 inches Total depth 123 feet
Casing record
Weight per foot Thickness 188 WALL

Diameter	From	To
6 5/8 inches	0 feet	123 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type CONCRETE
Depth of seal 50 feet
Gravel packed: Yes [X] No [ ]
Gravel packed from 50 feet to 123 feet

Perforations:
Type perforation FACTORY
Size perforation 1/8 INCH
From 103 feet to 123 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 40 Feet below land surface 20
Flow G.P.M. 20 +
Water temperature COLD ° 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 BURKETT W. BROWN
Address 215 JANI PLACE SUN VALLEY, NEVADA
Nevada contractor's license number 13675
Nevada driller's license number 831
Signed Burkett W. Brown
Date JUNE 12, 1978

USE ADDITIONAL SHEETS IF NECESSARY

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