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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 10811
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Herman Adrews ADDRESS Box 776 So Lake Tahoe Calif 95705

2. LOCATION NE ¼ NE ¼ Sec. 33 T. 14 N/S R. 20 E. Douglas County
PERMIT NO. Off Vicki Ln off Johnson Lane

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
Sandy Clay		0	21	21
Sand	X	21	22	1
Sandy Clay		22	57	35
Sand	X	57	65	8
Sandy Clay		65	71	6
Sand	X	71	74	3
Sandy Clay		74	77	3
Sand	X	77	82	5
Sandy Clay		82	89	7
Sand	X	89	91	2
Sandy Clay		91	98	7
Sand	X	98	116	18
Sand & Gravel		116	119	3

Date started 8-14-78, 19
Date completed 8-17-78, 19

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 25 Draw down 15 feet 2 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 12-50' 8" 69' inches Total depth 119' feet
Casing record 8 3/8
Weight per foot 16.9 Thickness 188

Diameter	From	To
8 inches	0 feet	119 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 Factory
Size perforation 3 x 3/32
From 95 feet to 115 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 20
Flow G.P.M.
Water temperature Cold F. Quality

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

Name W. M. Blain
Address Box 353 Dayton Nev 89403
Nevada contractor's license number 10950
Nevada driller's license number 757
Signed Charles Rohe
Date 9/9/78

USE ADDITIONAL SHEETS IF NECESSARY

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