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. 18961
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Ken Williams ADDRESS 650 Lygski Sparks, Nev 89431

2. LOCATION SE ¼ Sec 10 NE ¼ Sec. 30 T. 17 N N/S R. 25 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
Sand		-0-	4	4
Clay + Sand		4	10	6
Brown "		10	45	35
Clay		45	50	5
Grey Sand		50	100	50
Sand + Gravel		100	165	65
Large Gravel + Some Sand		165	200	35

First Water 70 ft

Note: Natural Gravel Plug of 21 ft in bottom of casing as Sand Filter

Date started 9-28, 1978
Date completed 10-7, 1978

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 10 & 8 1/2 inches Total depth 200 feet
Casing record Steel
Weight per foot 12# Thickness .156

Diameter	From	To
6 5/8 inches	+1 feet	200 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 50 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 160 feet to 200 feet

Perforations:
Type perforation Saw Slot
Size perforation 1/8 x 3"
From 160 feet to 200 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 30 Feet below land surface
Flow 60 + G.P.M.
Water temperature C ° F. Quality Clear

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

Name Richard Fritz
Address P.O. 610 Verdi, Nev.
Nevada contractor's license number 14251
Nevada driller's license number 943
Signed [signature]
Date 10-7-78

USE ADDITIONAL SHEETS IF NECESSARY

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