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. 19059
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER WALT SHAVER ADDRESS 7715 Hughes DR
Lot 14 Rancho Est #1
2. LOCATION ¼ ¼ Sec. 10 T. 20 N/S R. 19 E. Washoe 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
CLAY & BROKEN ROCK		1	150	150
GRANIT (SOLID)		150	350	200
BROKEN BASALT & BROKEN GRANIT	K	350	400	50
CLAY (WHITE)		400	402	2

Date started Oct 4, 19 78
Date completed Oct 12, 19 78

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 inches Total depth 402 feet
Casing record 1-402
Weight per foot ..... Thickness .188

Diameter		From		To	
6	inches	1	feet	402	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 60 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation FACTORY
Size perforation 3/32 x 3
From 362 feet to 402 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 80 Feet below land surface ~~328~~ 322
Flow ..... G.P.M. 18
Water temperature UNO °F. Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name KAUCHACK PUMP & WELL
Address P.O. Box 536 CARD. NEV.
Nevada contractor's license number 9511 A
Nevada driller's license number 1013
Signed Terry Walton
Date Oct 12, 1978

USE ADDITIONAL SHEETS IF NECESSARY

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