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. 19150
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER FLOYD SALTERN ADDRESS 242 WINTER ST. RENO NEVADA

JOB: 4870 ECCIS ST. HIDDEN VALLEY, NEV.

2. LOCATION ¼ ¼ Sec. 21 T. 19 N/S R. 20 E. WASHOE County

PERMIT NO. EASTSIDE SUBDIVISION #2 LOT #4

3. TYPE OF WORK: New Well ☒ Recondition ☐ Deepen ☐ Other ☐

4. PROPOSED USE: Domestic ☒ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL: Cable ☐ Rotary ☒ Other ☐ AIR RD

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOP SOIL		0	3	3
SAND	✓	3	125	122'

Date started ....., 19.....
Date completed ....., 19.....

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
750 CFM 125 psi	40	15'	1½ HR

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 125 feet
Casing record 6 5/8"
Weight per foot 12.7 Thickness .156

Diameter	From	To
6 5/8" inches	0 feet	125 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type GROUT
Depth of seal 50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from ~~125~~ 50' feet to 125' feet

Perforations:
Type perforation FACTORY, MILSLOT
Size perforation 3/32 X 3"
From 115' feet to 75' feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL

Static water level 13 Feet below land surface
Flow 40 G.P.M. APPROX.
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 ROBERT RESTER
Address 3530 CHEROKEE
Nevada contractor's license number 12852
Nevada driller's license number 900
Signed Robert J. Rester
Date

USE ADDITIONAL SHEETS IF NECESSARY

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