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. 19159
Permit No.
Basin

1. OWNER David Seal ADDRESS Dave's Auto Repair 2255 Glendale Ave. Sparks, Nev.

2. LOCATION NE ¼ SE ¼ Sec. 27 T. 21 N/S R. 23 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
Topsoil	No	0	2	2
Hard D G	No	2	5	3
D G	No	5	50	45
Coarse sand	Yes	50	62	12
Yellow clay	No	62	65	3
Coarse sand - pea gravel	Yes	65	78	13
Fine sand	Yes	78	100	22
(More) Sand	Yes	100	110	10
Yellow clay	No	110	114	4
Sand and pea gravel	Yes	114	140	26

Date started 11-6-, 1978
Date completed 11-12-, 1978

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 25 Draw down 8 feet 2 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 140 feet
Casing record 140
Weight per foot Thickness 188

Diameter	From	To
8 inches	0 feet	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 Saw Slot
Size perforation 3/32" x 4"
From 120 feet to 140 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 75 Feet below land surface 67
Flow G.P.M.
Water temperature 56 °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 Edmund Miller Drilling Co.
Address Box 92, Smith, Nv. 89430
Nevada contractor's license number 12272
Nevada driller's license number 718
Signed Edmund Miller
Date 11-30-78

USE ADDITIONAL SHEETS IF NECESSARY

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