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. [illegible]
Permit No.
Basin

1. OWNER Pyramid Lake Indian Housing House for Janay Kochamp W-31 ADDRESS Wadsworth, Nevada

2. LOCATION [illegible] ¼ [illegible] ¼ Sec. [illegible] T. [illegible] N/S R. [illegible] E. [illegible] 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 and gravel		0	28	28
Blue clay		28	75	47
Sand		75	98	23
Red clay		98	130	32
Sand		130	140	10
Red clay.		140	142	2

Date started November 29, 19 78
Date completed December 1, 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 142 feet
Casing record 6 5/8
Weight per foot Thickness 188

Diameter	From	To
6 5/8 inches	0 feet	142 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 28' feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 28 feet to 142 feet

Perforations:
Type perforation Mill slot
Size perforation 3/32 x 3 1/2
From 102 feet to 142 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 46 Feet below land surface
Flow 25 G.P.M.
Water temperature Cold ° 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 The Water Development Corporation
Address 205 B Cal Lane, Sparks, Nevada
Nevada contractor's license number 12832
Nevada driller's license number 900
Signed Robert A. Foster (ER)
Date December 1, 1978

USE ADDITIONAL SHEETS IF NECESSARY