DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 19446
Permit No. 56402, 56403
Basin 05-076

1. OWNER Johnson Development #2 ADDRESS Fernley, Nevada

2. LOCATION NW ¼ NW ¼ Sec. 24 T. 20N N/S R. 25 E. Lyon County
PERMIT NO. R.24 E.

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 & Gravel		0	25	25
Large cobbles & gravel		25	80	55
Brown Clay		80	140	60
Sand & Gravel		140	218	78
Clay		218	220	2

Date started Jan. 22, 19 79
Date completed Jan. 30, 19 79

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Plugged July 11 1968			

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 12" inches Total depth 220 feet
Casing record 8 5/8
Weight per foot ..... Thickness .156

Diameter	From	To
8 5/8 inches	0 feet	220 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 100 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 100 feet to 220 feet

Perforations:
Type perforation Factory
Size perforation 3/32 x 3
From 150 feet to 220 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 25 Feet below land surface
Flow 200 plus 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 Corp.
Address 205B Cal Lane Sparks, Nev.
Nevada contractor's license number 12852
Nevada driller's license number 900
Signed Bob Foster
Date Feb. 1, 1979

USE ADDITIONAL SHEETS IF NECESSARY

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