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. 19594
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER JOHN DICKEY Roe Glenda J. ADDRESS 6200 LAKERD. 6900 Grass V. 25
Parcel ~~26-330-13~~ 076-330-14

2. LOCATION NW ¼ NE ¼ Sec. 13 T. 23 N/S R. 20 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
OVERBURDEN-CLAY-ROCK		0	6	6
CLAY & SMALL ROCK		6	100	94
CLAY & ROCK FRACTURES		100	160	60
SMALL ROCK-WATER BEARING FRACTURES	180	160	200	40
T.D. = 200				
This well monitored by NDWR				

Date started 3-28- , 1979
Date completed 3-29- , 1979

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. 10 5/8 TO 50' WELL CONSTRUCTION
Diameter hole 8 3/4 inches Total depth 200 feet
Casing record 6 5/8
Weight per foot 12.9 Thickness .156

Diameter	From	To
6 5/8 inches	0 feet	200 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 50 feet to 200 feet

Perforations:
Type perforation FACTORY
Size perforation 1/32 - 3
From 180 feet to 200 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
Flow 10 G.P.M.
Water temperature Cool ° 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 AQUA DRILLING & WELL SERVICE INC.
Address P.O. BOX 2143
Nevada contractor's license number 15291
Nevada driller's license number 1062
Signed Edward N. Harrison
Date 3-29-79

USE ADDITIONAL SHEETS IF NECESSARY

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