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. 20121
Permit No.
Basin

# WELL DRILLERS REPORT

**Please complete this form in its entirety**

1. OWNER Mike Hansen ADDRESS CC, NV.

2. LOCATION ¼ ¼ Sec 32 T. 17 N/S R 20 E. Washoe County
PERMIT NO. 2140 Ohnakon St - Ft Washoe Valley

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 | | 0 | 25 | 25 |
| Gravel | | 25 | 30 | 5 |
| Granite | | 30 | 170 | 140 |

Date started 5/7/79, 19
Date completed 5/8/79, 19

7. WELL TEST DATA

| Pump RPM | G.P.M. | Draw Down | After Hours Pump |
|---|---|---|---|
| Blown | 15 | 0 | 2 Hrs. |

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 170 feet
Casing record 6 5/8
Weight per foot 10.78 Thickness .156

| Diameter | From | To |
|---|---|---|
| 6 inches | 0 feet | 170 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 100 feet to 170 feet

Perforations:
Type perforation Factory
Size perforation 3 x 3/32
From 150 feet to 170 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 130 Feet below land surface 40
Flow No G.P.M.
Water temperature 60 °F Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name W. M. Blair
Address Box 353 Dayton NV
Nevada contractor's license number 10950
Nevada driller's license number 1001
Signed Avan R. Stevens
Date 6/10/79

USE ADDITIONAL SHEETS IF NECESSARY

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