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. 20154
Permit No.
Basin

Verdi Pines Development

1. OWNER LON MORRIS-General partner ADDRESS P. O. Box 1408 Reno, Nevada 89505

Peavine area Mt.

2. LOCATION ¼ ¼ Sec. 29 T. 20 N/S R. 18 E. Washoe County

PERMIT NO.

3. TYPE OF WORK
New Well [X] Recondition [ ]
Deepen [ ] Other [ ]

4. PROPOSED USE
Domestic [X] Irrigation [ ] Test [ ]
Municipal [ ] Industrial [ ] Stock [ ]

5. TYPE WELL
Cable [ ] Rotary [X]
Other [ ] Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
top soil		0	8	8
brn clay		8	16	8
brn rock hard		16	31	15
gray rock broken up hard		31	89	58
gray clay w/rock		89	108	19
gray rock broken up	xx	108	135	27

Date started 7/2/79, 19
Date completed 7/3/79, 19

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 6 inches Total depth 135 feet
Casing record 135
Weight per foot Thickness 156

Diameter	From	To
6 5/8 inches	0 feet	135 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes [X] No [ ] Type cement
Depth of seal 50 ft. feet
Gravel packed: Yes [X] No [ ]
Gravel packed from 50 feet to 135 feet

Perforations:
Type perforation factory sawed slot.
Size perforation 3/32 x 2½ x 6 around
From 95 feet to 135 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 55 Feet below land surface
Flow 80 G.P.M.
Water temperature ° F. Quality

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

Name WAYNE DRILLING INC.
Address P. O. BOX 12370 Reno, Nevada 89510
Nevada contractor's license number 14043
Nevada driller's license number #577
Signed Frank Padilla
Date 7/20/79

USE ADDITIONAL SHEETS IF NECESSARY

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