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. 20174
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Kent Byers ADDRESS Gardnerville NV 89410

2. LOCATION SE ¼ SE ¼ Sec. 17 T. 12 N/S R. 20 E. Douglas 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
CLAY & BROKEN ROCK		1	130	130
GRAVEL		130	150	20
CLAY		150	170	20
GRAVEL & BROKEN ROCK		170	195	25
CLAY & SHALE & GRAVEL	X	195	245	50

Date started JUNE 2, 19 99
Date completed JUNE 6, 19 99

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 8 inches Total depth 245 feet
Casing record 1-245
Weight per foot ..... Thickness .188

Diameter	From	To
8 inches	1 feet	245 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 50 feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 150 feet to 245 feet

Perforations:
Type perforation FACTORY
Size perforation 3/32 X 3"
From 210 feet to 245 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 95 Feet below land surface 150
Flow ..... G.P.M. 15
Water temperature COLD ° F. Quality

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

Name KARCHACK PUMP & WELL INC.
Address P.O. BOX 536 GARD NEV.
Nevada contractor's license number 9511A
Nevada driller's license number 1013
Signed Terry Walton
Date June 6, 1999

USE ADDITIONAL SHEETS IF NECESSARY

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