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. 20211
Permit No.
Basin

1. OWNER Security Housing ADDRESS 10430 San Fernando Silver Knolls 89506

2. LOCATION NE ¼ NE ¼ Sec. 26 T. 21 N/S R. 18 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
Hard pan		0	5	5
corse sand + some Brown clay ?		5	75	70
gray clay + some ? Fine sand ?		75	100	25
gray clay		100	115	15
gray clay + some Fine sand ?		115	180	65
Fine sand	X	180	222	42
gray clay		222	224	2

Date started 7/22, 1979
Date completed 7/27, 1979

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. 18 Draw down 10 feet 2 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 9 7/8 inches Total depth 224 feet
Casing record 6 5/8 O.D.
Weight per foot Thickness 156

Diameter	From	To
6 5/8 inches	71 feet	224 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 50 feet to 224 feet

Perforations:
Type perforation mill
Size perforation 3/32 x 3
From 184 feet to 224 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 71 Feet below land surface
Flow G.P.M.
Water temperature Cold ° 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 ACE Drilling + Development
Address 10655 Silver Knolls Blvd. 89506
Nevada contractor's license number 14299
Nevada driller's license number 746
Signed H. L. Segel Jr.
Date 7/30/1979

USE ADDITIONAL SHEETS IF NECESSARY

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