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

I

OFFICE USE ONLY
Log No. 20635
Permit No.
Basin 104

1. OWNER Ray Bily ADDRESS 3050 Kings Canyon Rd Carson City, NV 89701

2. LOCATION SW ¼ SW ¼ Sec. 9/13 T. 15 N/S R. 19 E. Douglas County
PERMIT NO. Carson City

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 Rocks		1	54	
Broken Rocks & Gravel		55	84	
deepened by Well Log # 83669				

Date started Jan 3, 19 80
Date completed Jan 5, 19 80

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 84 feet
Casing record 1 to 84
Weight per foot ..... Thickness 188

Diameter	From	To
8 inches	1 feet	84 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type clean cement
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation factory
Size perforation 3/32
From 79 feet to 84 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level ..... Feet below land surface 30'
Flow ..... G.P.M. 75
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 Kauchack Pump & Well
Address P.O. Box 536 Gardnerville
Nevada contractor's license number #9511A
Nevada driller's license number 933
Signed Robert W Kauchack
Date Jan 5 1980

USE ADDITIONAL SHEETS IF NECESSARY

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