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. 21504
Permit No.
Basin 6-464

1. OWNER E.J. Cockerill ADDRESS PALOMINO VALLEY, NEVADA
5300 Pyramid Way RD.
Reno, NV 89519

2. LOCATION NW ¼ NW ¼ Sec. 11 T. 21 N/S R. 21 E. WASHOE County
PERMIT NO. 77-1106-19 Palomino V. Unit 1 11.2.1.1

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☒ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☐
Other ☒ Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
fractured sedimentary multi-colored rock		0	150'	150'
fractured volcanic rock with clay sand, little water		150'	230	80'
fractured volcanic rock sand, gravel, little water		230	250	20

Date started 8-15-80, 19
Date completed 8019-80, 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-/58 inches Total depth 250 feet
Casing record
Weight per foot Thickness

Diameter	From	To
6-5/8 inches	0 feet	250 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 250 feet

Perforations:
Type perforation factory sawed slots
Size perforation 3/32
From 150 feet to 250 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 160 Feet below land surface
Flow 3 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 VALLEY PUMP COMPANY
Address P.O. BOX 624, SPARKS, NEV. 89431
Nevada contractor's license number 6045
Nevada driller's license number 1123
Signed [signature]
Date 8-20-80

USE ADDITIONAL SHEETS IF NECESSARY

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