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. 22044
Permit No.
Basin

1. OWNER CRICK - TUTTLE DEV. ADDRESS 386 Holcomb Ave Reno Nevada

location 8380 Wise Lemmon Valley

2. LOCATION ¼ ¼ Sec. 4 T. 20 N/S R. 19 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 ☐ Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
top soil		0	2	2
brn clay		2	16	14
DG mixed with clay		16	85	69
DG		85	140	55

Date started 10 - 16, 19 80
Date completed 10 - 17, 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 6" inches Total depth 140 feet
Casing record 140 ft.
Weight per foot ..... Thickness .156

Diameter	From	To
6 5/8 inches	0 feet	140 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 140 feet

Perforations:
Type perforation factory sawed slot
Size perforation 3/32 x 2½ x 6 around
From 105 feet to 140 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 37 Feet below land surface
Flow 10 G.P.M. with air
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 (923)
Signed Edward Mendrazon
Date 10-30-80

USE ADDITIONAL SHEETS IF NECESSARY

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