WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

Job # 716

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 22125
Permit No.
Basin

1. OWNER Norman Henry ADDRESS

2. LOCATION SW ¼ NW ¼ Sec. 35 T. 24 N/S R. 21 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
Sand & Gravel		0	30	30
Silty Clay		30	80	50
Green Clay		80	85	5
Black Clay		85	90	5
Grey Clay		90	100	10
Black Clay		100	120	20
Black Clay & Gravel		120	145	25
Brown Clay & Gravel		145	163	18

Date started ..., 19...
Date completed ..., 19...

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Blown @	25	G.P.M.	
(pump)	25	28	4

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 163 feet
Casing record 6 5/8 x 163'
Weight per foot 15.20 Thickness .188

Diameter	From	To
10 inches	0 feet	30 feet
6 inches	30 feet	163 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type cement
Depth of seal 30 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ... feet to ... feet

Perforations:
Type perforation Factory slit
Size perforation 3/32 x 2½"
From 150 feet to 161 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 88
Flow ... 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 J.W. Biffle/Welsco Drilling
Address Box 888
Nevada contractor's license number 11752
Nevada driller's license number 772
Signed [signature]
Date

USE ADDITIONAL SHEETS IF NECESSARY

O 627