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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 22196
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER Russel Olson ADDRESS 1345 Dunbar Circle New Washoe City

2. LOCATION NE ¼ SW ¼ Sec. 30 T. 17 (N)S R. 20 (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
overburden		0	1	1
DG + granite boulders		1	62	61
2-3 gpm	62			
granodirite some fractures		62	122	60
1 gal additional	122	water		
granite —		122	180	58
T.D. 180.+				

Date started 11-25, 1980
Date completed 11-29, 1980

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	Blew well to clean and develop at 150# air at 650 cfm approx 4 gal		

BAILER TEST
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. 10 3/8 - 50 WELL CONSTRUCTION
Diameter hole 8 1/2 inches Total depth 180 feet
Casing record 6 5/8 - 10 gauge
Weight per foot 9.29 Thickness 125 +

Diameter	From	To
6 5/8 inches	0 feet	180 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Concrete
Depth of seal 50' feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 50 feet to 180 feet

Perforations:
Type perforation Factory
Size perforation 3/32
From 161.60 feet to 180 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 38 Feet below land surface
Flow 4 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 Aqua Drilling
Address 2255 Glendale Rd Sparks
Nevada contractor's license number 15291
Nevada driller's license number 1132
Signed R M Thrall
Date 12-1-80

USE ADDITIONAL SHEETS IF NECESSARY

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