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. 22399
Permit No.
Basin

1. OWNER Robert Lehman ADDRESS Box 18331 Reno 89511
LOT 6 - APN 017-380-11 19705 PADDLE WHEEL
2. LOCATION N½ ¼ SE ¼ Sec. 4 T. 17 N/S R. 20 E. Washoe County
PERMIT NO. CUTLER SUBDIV

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
sandy clay		0	22	
course gravel		22	28	
sandy clay		28	42	
clay (hard)		42	69	
course gravel	72	69	74	

Date started 1/20, 1981
Date completed 1/21, 1981

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 74 feet
Casing record
Weight per foot 1.3 Thickness .188

Diameter	From	To
6 5/8 O.d inches	0 feet	74 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Sand & Cement
Depth of seal 60 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation factory sawed
Size perforation 3/32 x 3"
From 64 feet to 74 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 10 Feet below land surface
Flow ..... G.P.M. 50
Water temperature cold ° F. Quality clear

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Paul Williams
Address 22 S. Patterson, Sparks
Nevada contractor's license number 14483
Nevada driller's license number 957
Signed Paul Williams
Date 1/26/81

USE ADDITIONAL SHEETS IF NECESSARY

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