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. 23317
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER John Cox ADDRESS 4965 Frankstown Rd Carson City

2. LOCATION W ½ W ½ Sec. 90 T. 16 N/S R. 19 E. Washoe County
PERMIT NO. 0210

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
med. hard D.G.		104	116	12
soft D.G. (B.W.)		116	121	5
hard granite	X	121	125	4
soft D.G. B.W.	X	125	131	6
fractured granite	X	131	155	24
5 9/16" o.d.				
liner from				
98 ft. to 155 ft.				
5" I.D. .258 wall				

Date started 9/29, 1981
Date completed 9/30, 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 155 feet
Casing record
Weight per foot 15 Thickness .258

Diameter	From	To
5 9/16 o.d inches	98 feet	155 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

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

Perforations:
Type perforation torch cut
Size perforation approx. 3/32 X 6" X 3
From feet to feet
From 115 feet to 155 feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 106 Feet below land surface
Flow G.P.M. 25
Water temperature warm 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 & Sons
Address 22 So. Patterson, Sparks
Nevada contractor's license number 14483
Nevada driller's license number 957
Signed Paul E. Williams
Date 9/30/81

USE ADDITIONAL SHEETS IF NECESSARY

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