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. 23669
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER James Glases ADDRESS 300 Belfguer Reno off Mt. Rose Hwy.

2. LOCATION ¼ ¼ Sec. 26 T. 18 N 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 ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
sand clay		0	4	4
sand gravel		4	73	69
sandy clay		73	84	11
sand gravel & rocks		84	147	63
sand & gravel	X	147	195	48

Date started 9/6, 19 81
Date completed 9/8, 19 81

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 5/8 inches Total depth 195 feet
Casing record
Weight per foot 15 Thickness .188

Diameter	From	To
6 5/8 od inches	0 feet	195 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 55 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 55 feet to 195 feet

Perforations:
Type perforation factory sawed
Size perforation 3 3/32 x 2 1/2
From ..... feet to ..... feet
From ..... feet to ..... feet
From 149 feet to 195 feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 80 Feet below land surface
Flow ..... G.P.M. 12 approx.
Water temperature Clear ° F. Quality Cold

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. Pattison, Sparks
Nevada contractor's license number 14483
Nevada driller's license number 957
Signed Paul E. Williams
Date 9/20/81

USE ADDITIONAL SHEETS IF NECESSARY

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