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

Reconditioned

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 23738
Permit No.
Basin

1. OWNER EVA LOMPA ADDRESS 2200 E 5th St. Carson City Nev

2. LOCATION NE ¼ SW ¼ Sec. 16 T. 15 N/S R. 20 E. Carson County
PERMIT NO. Proof 03704

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
Rock Decomposed		0	10	10
sand - 1st water		10	15	5
green clay - sand		15	25	10
green clay - sand		25	40	15
brown sand		40	50	10
2nd water sand clay		50	60	10
sand brown		60	90	30
coarse sand		90	110	20
3rd water		110	110	—
clay blue green		110	116	6

Date started 12-7-, 1981
Date completed 12-19-, 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 8 inches Total depth 116 feet
Casing record
Weight per foot Thickness 188

Diameter	From	To
8 inches	1 feet	116 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type Ready Mix
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from feet to feet

Perforations:
Type perforation torch
Size perforation 1/8 x 6 inches
From 116 feet to 50 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 10
Flow G.P.M. 20
Water temperature cold ° F. Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Marcus & Son Drilling
Address 4248 Hwy 50E
Nevada contractor's license number 018884
Nevada driller's license number 707
Signed Anthony Marcus
Date 12/30/81

USE ADDITIONAL SHEETS IF NECESSARY

O-627