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

1353

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 24687
Permit No. TEST
Basin Truckee Meadows (6-87)

1. OWNER Jones Colfer ADDRESS 2400 East Lake Ridge Shores

2. LOCATION NW ¼ NW ¼ Sec. 35 T. 19 N/S R. 19 E. County
PERMIT NO.

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

Geothermal PROPOSED USE Test Hole
Domestic ☐ Irrigation ☐ Test ☒
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay		0	30	30
Gravel W/S Boulders		30	60	30
Clay & Gravel w/Boulders		60	90	30
" " "		90	215	125
Clay		215	235	20
Blue Sand Stone		235	315	180
Blue Sand Stone W/S Rock		315	455	120
Rock w/S Clay		435	455	20
Rock W/S Clay & Sand		455	475	20
Rock W/S Clay		475	600	125

Max Temp at 600 ft 105
after 30 days to stabilize

450 ft 95°
Held open for mortisley

Date started Jan 30, 19[illegible]
Date completed [illegible], 19[illegible]

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 inches Total depth feet
Casing record
Weight per foot Thickness

Diameter	From	To
inches	feet	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
Size perforation
From feet to 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
Flow G.P.M.
Water temperature ° F. Quality

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

Name [illegible] Drillcorp
Address [illegible]
Nevada contractor's license number [illegible]
Nevada driller's license number [illegible]
Signed [illegible]
Date [illegible]

USE ADDITIONAL SHEETS IF NECESSARY

O-627