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. 24988
Permit No. DOMESTIC
Basin

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 2643

1. OWNER Bill Jones
MAILING ADDRESS 616 East Carson St
D19 Carson Calif

ADDRESS AT WELL LOCATION Granite Drive
Topaz Ranch Estates

2. LOCATION SW ¼ SW ¼ Sec. 11 T. 10N N/S R. 22 E Douglas County
PERMIT NO. ____ Issued by Water Resources | Parcel No. | Subdivision Name

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
Loose dirt & rocks		0	185	185
Sharp gravel &	X	185	192	7
Solid Rock strata		192	210	18

Completed
no permit
Oldies

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 210 feet
Casing record 0-200
Weight per foot ____ Thickness 188

Diameter	From	To
12 inches	0 feet	70 feet
8 inches	70 feet	210 feet
	feet	feet
	feet	feet
	feet	feet
	feet	feet

☐ Type Cement
0-70 feet
No ☑
feet to feet

aw Slot
1/2 x 3/32
feet to 190 feet
feet to feet
feet to feet
feet to feet
feet to feet

9. WATER LEVEL
Static water level 180 feet below land surface
Flow ____ G.P.M. ____ P.S.I.
Water temperature Cold ° F. Quality Good

Date started 10-10, 1983
Date completed 10-20, 1983

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. 20+ Draw down 0 feet 1½ hours
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Edmund Miller (Contractor)
Address Box 92 Smith, NV (Contractor)
Nevada contractor's license number 12272
Nevada contractor's drillers number 718
Nevada driller's license number 1226
Signed Edmund Miller (Actual Driller / Contractor)
Date 10-20-83

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 6-81) O-627 CR434