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. 25453
Permit No. DOMESTIC
Basin CARSON V. 8-105

1. OWNER JERRY TILLEY ADDRESS 1890 PINTO CIRCLE GARDNERVILLE, NV

2. LOCATION SW ¼ SE ¼ Sec. 13 T. 12 N. N/S R. 20 N. DOUGLAS County
PERMIT NO. APN: 29-441-01

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
CLAY		0		70
ROCK & CLAY		70		130
~~130~~ SAND LITTLE				
CLAY & GRAVEL	✓	130		171

Date started APRIL 7, 19 84
Date completed JUNE 15, 19 84

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 15 Draw down 0 feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours

8. WELL CONSTRUCTION
Diameter hole ____ inches Total depth 171 feet
Casing record
Weight per foot 16# Thickness 188 WALL

Diameter	From	To
12 3/4 inches	0 feet	50 feet
8 inches	50 feet	171 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

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

Perforations:
Type perforation FACTORY
Size perforation 1/16 Avg. 3 inches
From 131 feet to 171 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 105 Feet below land surface 105
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 FRANK FRASER
Address P.O. BOX 393, MINDEN, NV
Nevada contractor's license number 0021263
Nevada driller's license number 1216
Signed F. J. Fraser
Date June 18, 1984

USE ADDITIONAL SHEETS IF NECESSARY

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