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. 26558
Permit No.
Basin 8-105 Carson V.

1. OWNER PHIL PEDROJETTI ADDRESS 1965 MULE LANE GARDNERVILLE, NV

PARCEL B OF MAP 680
2. LOCATION ¼ ¼ Sec. 24 T. 12 N/S R. 20 E. DOUGLAS 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
CLAY & A LITTLE SAND		0	90	90
SM. GRAVEL & CLAY		90	140	
CLAY, SAND & GRAVEL		140	147	
SM. AMT CLAY, GRAEL & ROCK	147	147	190	
	190			

Date started APRIL 4, 19 84
Date completed JULY 16, 19 84

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
1 HORSE	12	3	3

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 5/8 inches Total depth 197 feet
Casing record
Weight per foot 16# or over Thickness .588 wall

Diameter	From	To
12 inches	0 feet	50 feet
8 5/8 inches	50 feet	190 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type CEMENT
Depth of seal 4 ft. to 50 feet
Gravel packed: Yes ☐ No ☒
Gravel packed from feet to feet

Perforations:
Type perforation FACTORY
Size perforation 16 ft. x 3"
From feet to feet
From 150 feet to 190 feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 143 Feet below land surface 143
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 89423
Nevada contractor's license number 21263
Nevada driller's license number 1216
Signed [signature]
Date June 23, 1985

USE ADDITIONAL SHEETS IF NECESSARY

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