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

Tnt. 5338

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 27351
Permit No.
Basin 165 CARSON V

1. OWNER Bentley Nev. ADDRESS PO Box 157 Minden Nev.

2. LOCATION NE ¼ SW ¼ Sec. 34 T. 13 N/S R. 20 E. Douglas County
PERMIT NO.

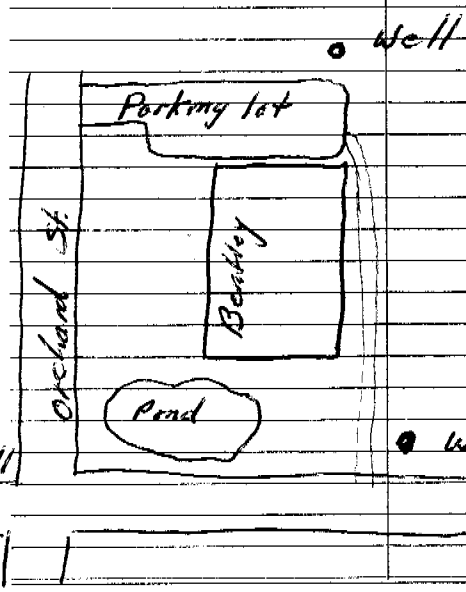
3. TYPE OF WORK
New Well ☑ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test ☑
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☑
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sandy Clay		0	5	5
Brown Clay		5	30	25
Sand + Gravel	✓	30	40	10
3 Test holes were drilled all				
Same formation				



Date started 7/2, 19 86
Date completed 7/3, 19 ~~84~~ 86

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Blown	1	0	1 Hr.

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 6" inches Total depth 40 feet
Casing record 2" galv.
Weight per foot ..... Thickness 3/16

Diameter	From	To
6" inches	0 feet	40 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 20' feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 20 feet to 40 feet

Perforations:
Type perforation ~~[illegible]~~ Torched
Size perforation 1/8
From 30 feet to 40 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 18 Feet below land surface
Flow 0 G.P.M. 1
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 Sierra Pump + Drilling
Address Carson City
Nevada contractor's license number 012236B
Nevada driller's license number — 1001
Signed Ivan R Strauss II
Date 7/3/86

USE ADDITIONAL SHEETS IF NECESSARY

O-627