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. 27742
Permit No.
Basin 6-82, Truckee Seg.

1. OWNER T.N.M. Const. ADDRESS Virginia City Highlands
P.O. Box 6457 Unit 1
Reno, Nev.

2. LOCATION NW ¼ NE ¼ Sec. 32 T. 18 N/S R. 21 E. Story 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
Brown Clay + Rock		0	60	
Clay		60	100	
Fractured Rock	✓	100	160	

Date started 7/14, 19 86
Date completed 7/17, 19 86

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
1800	30	0	2 Hrs

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 12 11-50' 9 7/8 - 50-160 inches Total depth 160 feet
Casing record 6 5/8
Weight per foot 18.89 Thickness .156

Diameter	From	To
6 5/8 inches	0 feet	165 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 50 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 50 feet to 160 feet

Perforations:
Type perforation Factory
Size perforation 3/32 x 5
From 120 feet to 160 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 40 Feet below land surface
Flow 0 G.P.M. 50
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 - Reno
Nevada contractor's license number 0122360
Nevada driller's license number 1001
Signed [signature]
Date 5/12/86

USE ADDITIONAL SHEETS IF NECESSARY

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