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. 33710
Permit No.
Basin 8-102

1. OWNER Karcher, L. ADDRESS 213 McKinley Pl. Ridgewood N.J. 07450
Parcel # 17-373-07
2. LOCATION NW ¼ NW ¼ Sec. 21 T. 17 N/S R. 25 E. Lyon 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
Fine Brown Sand		0	33	33
Gray clay		33	38	5
Gray sand	x	38	55	17
Brown clay + some sand		55	80	25
Fine To corse Brown sand + some Brown clay	x	80	139	59
Gray clay		139	140	1

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STATE ENGINEERS OFFICE

Date started 5-4, 1990
Date completed 5-4, 1990

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 18 Draw down 3 feet 2 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 10 5/8 inches Total depth 140 feet
Casing record 6 5/8 O.D.
Weight per foot Thickness 188

Diameter	From	To
6 5/8 inches	+1 feet	140 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 140 feet

Perforations:
Type perforation Mill
Size perforation 1/8 x 3
From 120 feet to 140 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 35 Feet below land surface
Flow G.P.M.
Water temperature cold ° F. Quality good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Ace Drilling + Dev.
Address P.O. Box 668 Silver Springs Nv. 89429
Nevada contractor's license number 14299
Nevada driller's license number 726
Signed H.L. Sigl Jr
Date 5-14-90

USE ADDITIONAL SHEETS IF NECESSARY

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