DIVISION OF WATER RESOURCES

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 11940
Permit No.
Basin Carson Val. CARU

1. OWNER JAMES T. NEWMAN ADDRESS 1779 Kings Canyon
Carson City -
Lot 10 - Cochran Estates -

2. LOCATION ¼ ¼ Sec. 28 T. 14 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	9	9
Sand		9	14	5
Sandy Clay		14	24	10
Sand + gravel		24	38	14
Clay		38	60	22
Sand		60	64	4
Clay		64	73	9
Cemented gravel		73	98	25
Sand		98	114	16

Date started Aug 26, 19 71
Date completed Sept 6, 19 71

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	50	26	8

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 inches Total depth 114 feet
Casing record
Weight per foot 13.- Thickness 1.88

Diameter	From	To
6 5/8 inches	+1 feet	114 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 FT - feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 50 feet to 114 feet

Perforations:
Type perforation Milled -
Size perforation 1/8 X 2½
From 60 feet to 114 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 9 Feet below land surface
Flow G.P.M.
Water temperature 61 ° F. Quality

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

Name ENLOE DRILLING COMPANY
Address 1450 Valley View Drive
Carson City, Nevada 89701

Nevada contractor's license number 4739
Nevada driller's license number 249
Signed [signature]
Date Nov 10 - 71

USE ADDITIONAL SHEETS IF NECESSARY

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