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. 17233
Permit No.
Basin

1. OWNER MARTY PATROVSKI ADDRESS 715 Arkansas Reno, Nevada

2. LOCATION ¼ ¼ Sec. 15 T. 21 N/S R. 19 E. Washoe County
~~PERMIT NO.~~ Lemmon Valley (Mistleto) Lot 12 Block 5 Heppner Sub #5

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

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

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐ AIR

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Over Burden		0	2	2
Dry Light Brown Clay with Decomposed Granite		2	10	8
Soft Sand		10	18	8
Decomposed Granite & Clay Meduim Hard		18	86	68
Decomposed Granite with clay stringers		86	128	42
Sandy Clay	WB	128	163	35

Date started 11-7, 19 77
Date completed 11-8, 19 77

7. WELL TEST DATA

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

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 163 feet
Casing record 163' 6-5/8" OD
Weight per foot Thickness .188

Diameter	From	To
inches	feet	feet
inches	feet	feet
6-5/8 inches	0 feet	163 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 163 feet

Perforations:
Type perforation Factory Sawed Slots
Size perforation 3/32 " X 2½ X 6 Around
From feet to feet
From 123 feet to 153 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 13 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 WAYNE DRILLING, INC.
Address P.O. BOX 347 NEWCASTLE CALIF.
Nevada contractor's license number 14043
Nevada driller's license number 471
Signed Wayne Hedman
Date 11-11-77

USE ADDITIONAL SHEETS IF NECESSARY

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