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. 17338
Permit No.
Basin

1. OWNER Richard Barr ADDRESS P.O. Box 1963
Carson City, Nevada 89701

2. LOCATION ¼ ¼ Sec. 16 T. 10N N/S R. 22 E. Douglas County
PERMIT NO.

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

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

5. TYPE WELL
Cable ☐ Rotary XX
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top soil		0	10	10
Sand Gravel		10	70	60
obsidian rock	150	70	300	230

Date started November 28, 1977
Date completed December 1, 1977

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
250 psi	25	25	2

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 10" to 50'-6" to 300' inches Total depth 300 feet
Casing record 6 5/8
Weight per foot 15 Thickness .188

Diameter	From	To
6 inches	0 feet	300 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 0 to 50 feet
Gravel packed: Yes ☐ No XX
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Factory
Size perforation 3/32 by 3" long
From 260 feet to 280 feet
From 220 feet to 240 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 150 Feet below land surface 150
Flow 25 G.P.M.
Water temperature cold °F. Quality clear

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

Name Nevada Pump and Drilling Co.

Address 4639 Hwy. 50 East

Nevada contractor's license number 12236A

Nevada driller's license number 900

Signed

Date December 3, 1977

USE ADDITIONAL SHEETS IF NECESSARY

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