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. 18213
Permit No.
Basin

1. OWNER JERRY LAMOEN ADDRESS P. O. Boxx 7534
Reno, Nev. 89510

2. LOCATION ¼ ¼ Sec. 4 T. 20 N N/S R19E E. Washoe County
PERMIT NO. 7915 Tholl Rd. Lemon Valley

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

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

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐ Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Top Soil		0	4	4
Brn DG & Clay		4	68	64
Brn Cem. Sand WB	x	68	128	60
Green Granit Fract.	x	128	145	17
Loose Broken Area		145	150	5
S & P Granit	X	150	300	150

Date started 5/18/, 1978
Date completed 5/20/, 1978

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 300 ft feet
Casing record 150'-6 5/8" OD 160'-5" 10 ga.
Weight per foot Thickness .156

Diameter	From	To
0 6 5/8 inches	0 feet	150 feet
5" inches	140 feet	300 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 300 feet

Perforations:
Type perforation Factory Sawed Slots
Size perforation 3/32" x 2½ xxx6 around
From 260' feet to 300 ft feet
From 120' feet to 150 feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 25' Feet below land surface
Flow 8 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, CA. 95658
Nevada contractor's license number 14043
Nevada driller's license number 471
Signed Wayne Redman
Date 5/22/78

USE ADDITIONAL SHEETS IF NECESSARY

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