WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

Job # 034

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 2221
Permit No.
Basin

1. OWNER T. James ADDRESS

2. LOCATION SE ¼ SW ¼ Sec. 27 T. 24 N/S R. 21 E. Washoe 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 ☐ Air

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Gravel & Boulders		0	50	50
Sand		50	55	5
Clay		55	70	15
Gravel		70	80	10
Sand & Gravel		80	141	61

Date started ....., 19.....
Date completed ....., 19.....

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Blow @	40 GPM.		
pump	35	28	4

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 141 feet
Casing record 6 5/8 X 141
Weight per foot 15-20 Thickness .188

Diameter		From		To	
10	inches	0	feet	30	feet
6	inches	30	feet	141	feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet
	inches		feet		feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 30 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Machine slit
Size perforation 3/32 X 2 1/2
From 121 feet to 141 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level ..... Feet below land surface .....
Flow — G.P.M. 3
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 U.W. Biffle / Welsco Drilling
Address Box 888 - Fallon.
Nevada contractor's license number 11752
Nevada driller's license number 772
Signed [signature]
Date

USE ADDITIONAL SHEETS IF NECESSARY

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