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

Nob # 136

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 22124
Permit No.
Basin

1. OWNER U. Nobe ADDRESS

2. LOCATION NE ¼ NE 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
Sand & Gravel		0	40	40
Clay		40	50	10
Dark Sand & Gravel		50	60	10
Clay		60	65	5
Dark Sand & Gravel		65	100	35

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

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Blown @	80	G.P.M.	
(Pump) 20	11	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 100 feet
Casing record 6 5/8 X 100
Weight per foot 15.20 Thickness .188

Diameter		From		To	
10	inches	0	feet	30	feet
6	inches	30	feet	100	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 80 feet to 100 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 21
Flow ..... 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 W.W. Biffle / Welsco Drlng
Address Box 888
Nevada contractor's license number 11752
Nevada driller's license number 772
Signed W.W. Biffle
Date

USE ADDITIONAL SHEETS IF NECESSARY

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