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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 22241
Permit No.
Basin

WELL DRILLERS REPORT

Please complete this form in its entirety

Peri Bros.

1. OWNER Joe Peri ADDRESS Lockwood Dr. Sparks, Nev. 89431

2. LOCATION SW ¼ NE ¼ Sec. 15 T. 19 N/S R. 21 E. Storey 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 ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silt and gravel	No	0	8	8
River rock and gravel	Yes	8	46	38
Large rock		46	57	11
Sandy clay with some rock		57	82	25
Yellow sandy clay		82	87	5
Sandy clay with some gravel		87	95	8
Pea gravel and some large rock		95	105	10

Date started 12-5-, 19 80
Date completed 12-7-, 19 80

7. WELL TEST DATA

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

BAILER TEST
G.P.M. 50 Draw down 6 feet 3 hours
G.P.M. Draw down feet hours
G.P.M. Draw down feet hours

8. WELL CONSTRUCTION
Diameter hole 8 inches Total depth 105 feet
Casing record 100
Weight per foot Thickness .188

Diameter	From	To
8 inches	0 feet	100 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Concrete
Depth of seal 50 feet
Gravel packed: Yes ☐ No ☐
Gravel packed from feet to feet

Perforations:
Type perforation Saw slot
Size perforation 3/32" x 2½"
From 61 feet to 78 feet
From 78 feet to 97 feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 8 Feet below land surface 8
Flow G.P.M.
Water temperature Cold ° F. Quality Good

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

Name Edmund Miller Drilling
Address P.O. Box 92, Smith, Nev. 89430
Nevada contractor's license number 12272
Nevada driller's license number 718
Signed Edmund Miller
Date 12-10-80

USE ADDITIONAL SHEETS IF NECESSARY

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