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. 29188
Permit No.
Basin 6-89

1. OWNER JIM CROWELL ADDRESS 2975 EAGLE (WASHOE VALLEY)
CARSON CITY, NEVADA 89701

2. LOCATION ¼ SE ¼ Sec. 31 T. 17 (N) S R. 20 E. WASHOE County
PERMIT NO. 003102 50 408-13

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
Soft Granit		175	210	
Hard Granit		210	215	
Fracture Granit		215	217	

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

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 1/2 inches Total depth 230 feet
Casing record 6 4 1 5 9/16
Weight per foot 7 Thickness 156

Diameter	From	To
6 1/2 inches	168 feet	230 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☐ No ☒ Type .....
Depth of seal ..... feet
Gravel packed: Yes ☐ No ☒
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation Mill Slot
Size perforation 3 3/32
From ~~[illegible]~~ 190 feet to 230 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 Approx 25 G.P.M.
Water temperature Cold ° F. Quality Unknown

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

Name Mark Bridges
Address 12000 S. Virginia St. Reno
Nevada contractor's license number 5092
Nevada driller's license number 1287
Signed Mark Bridges
Date 9-5-87

USE ADDITIONAL SHEETS IF NECESSARY

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