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

STATE OF NEVADA
**DIVISION OF WATER RESOURCES**

# WELL DRILLER'S REPORT

**Please complete this form in its entirety**

OFFICE USE ONLY
Log No. 35067
Permit No.
Basin

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 16422

1. OWNER Ruska Bogdanovich
MAILING ADDRESS Genoa, Nevada
ADDRESS AT WELL LOCATION 187 Jeanine Lane, Genoa, Nevada

2. LOCATION SW ¼ SW ¼ Sec. 3 T 12 N S R 19 E Douglas County
PERMIT NO. (Issued by Water Resources) 19-120-06 (Parcel No.) ~~Genoa~~ Autumn Hills (Subdivision Name)

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 |
|---|---|---|---|---|
| DG sand with | x | | ~~156~~ | ~~220~~ |
| water | | 156 | 220 | 64 |
| TD: 220 ft | | | | |

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8. WELL CONSTRUCTION
Diameter ____ inches Total depth 220 feet
____ inches
____ inches
Casing record 5" steel
Weight per foot 8.65 Thickness .188

| Diameter | From | To |
|---|---|---|
| 5 inches | 156 feet | 220 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 Unknown feet
Gravel packed: Yes ☐ No ☐
Gravel packed from Unknown feet to ____ feet

Perforations:
Type perforation Factory Mill Slot
Size perforation 3" x 3/32"
From 140 feet to 220 feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 147 feet below land surface
Flow 20 G.P.M. ____ P.S.I.
Water temperature Cold °F Quality GOOD

Date started Jan 3, 1991
Date completed Jan 10, 1991

7. WELL TEST DATA

| Pump RPM | G.P.M. | Draw Down | After Hours Pump |
|---|---|---|---|
| Set liner in well and developed well with air. Blowing 20 gpm for 4 hours to clean and develop/ | | | |

BAILER TEST
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name A & H PUMP CO. (Contractor)
Address Carson City, NV 89701 (Contractor)
Nevada contractor's license number issued by the State Contractor's Board 23295
Nevada contractor's driller's number issued by the Division of Water Resources ____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1674
Signed [signature] (By driller performing actual drilling on site or contractor)
Date Jan 11, 1991

(Rev. 11-85) USE ADDITIONAL SHEETS IF NECESSARY (O)-627