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. 19419
Permit No.
Basin 56

1. OWNER Tribal House ADDRESS Reno River, Nev.

2. LOCATION ¼ ¼ Sec. 17 T. 14 N/S R. 41 E. Elko 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
Surface water				
Soil		0	25	25
Clay & Gravel		25	130	105
Clay & cobbles		130	135	5
Clay & Gravel		135	150	15

Date started Feb 9, 19 79
Date completed Feb 12, 19 79

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Air Blowe	@ 10 G.P.M.		

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 5/8 inches Total depth 150 feet
Casing record 6 5/8 x 150
Weight per foot 19.44 Thickness .219

Diameter	From	To
10 inches	0 feet	25 feet
6 5/8 inches	25 feet	150 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 25 feet
Gravel packed: Yes ☐ No ☑
Gravel packed from ..... feet to ..... feet

Perforations:
Type perforation machine slit
Size perforation 3/32 x 2½
From 135 feet to 145 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 117 Feet below land surface 33
Flow ..... G.P.M.
Water temperature ..... ° F. Quality Un-tested

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

Name V.W. Biffle Welco Drlg.
Address Box 888
Nevada contractor's license number 1152
Nevada driller's license number 772
Signed V.W. Biffle
Date Feb 12-79.

USE ADDITIONAL SHEETS IF NECESSARY

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