

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE-USE ONLY
 Log No. 50609, 50610
 Permit No. _____
 Basin. 037

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 30771

1. OWNER Indian Health Services ADDRESS AT WELL LOCATION Near Hospital
 MAILING ADDRESS Nevada Highway 225 in Owyhee
Owyhee, Nevada 89832

2. LOCATION NW 1/4 NE 1/4 Sec. 26 T 46 Q/S R 52 E Elko County
 PERMIT NO. M/O-942 well MW-7 Duck Valley Indian Res. Subdivision Name
Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Asphalt		0	3"	3"
Sandy Gravel		3"	3'	2'9"
Brown Grey Volcanic		3	15	12
Yellow Clay		15	17	2
Grey-Brown Volcanic damp		17	26	9
Red/Brown Volcanic		26	38	12
Red/Brown Fractured wet		38	50	12

Set 1st PVC to 50' - sand packed with silica sand to 33' - placed 3/8 bentonite seal from 24-33' - sandpacked from 22 1/2 - 24' - set 2nd PVC to 22 1/2' sand packed to 6 1/2' - placed 3/8 bentonite seal from 5-6 1/2' cement 0-5' set vault flush with asphalt

8. WELL CONSTRUCTION
 Depth Drilled 50 Feet Depth Cased 50 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
8 Inches 0 Feet 10 Feet
6 1/2 Inches 10 Feet 50 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>50</u>
<u>1 1/2</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>25</u>

Perforations:
 Type perforation millslot
 Size perforation .020
 From _____ feet to _____ feet
 From 35 feet to 50 feet
 From 10 feet to 25 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 5' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From see log feet to _____ feet

9. WATER LEVEL
 Static water level: unknown feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9-20 1995
 Date completed 9-20 1995

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Hackworth Drilling, Inc. Contractor
 Address P.O. Box 850 Contractor
Elko, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board 020582
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1654
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-6-95

RECEIVED
 95 OCT 10 AM 10:30
 STATE ENGINEERS OFFICE