

OFFICE USE ONLY
 Log No. 50611, 50612
 Permit No. 937
 Basin 937
 NOTICE OF INTENT NO. 30771

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

1. OWNER Indian Health Services ADDRESS AT WELL LOCATION Owyhee Hospital
 MAILING ADDRESS New Highway 225
Owyhee, NV 89832

2. LOCATION NW 1/4 NE 1/4 Sec. 26 T. 46 R. 52 E. Elko County
 PERMIT NO. M/O 942 MW-6 Duck Valley Indian Reservation
Issued by Water Resources Parcel No. Subdivision Name

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	Thickness
Asphalt		0	3"	3"
Sandy gravel fill		3"	3'	2.9"
Grey brown volcanic rock		3	12	9
Yellow clay		12	14	2
Grey brown volcanic rock		14	32	18
Fractured volcanic Rock & clay	damp	32	40	8
Red volcanic rock		40	42	2
Red brown clay and rock	damp	42	50	8
Set pvc to 50'				
Sand packed with silica sand from 33' to 50'				
Placed 3/8" bentonite seal from 26' to 33'				
Added sand from 25' to 26'				
Set 2nd pvc to 25'				
Sand packed from 8' - 25'				
3/8 bentonite seal from 5' - 8'				
Cement 0 to 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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	pvc	Sch 40	0	50
2"	pvc	Sch 40	0	25

Perforations:
 Type perforation Mill slot
 Size perforation .020
 From 10 feet to 25 feet
 From 35 feet to 50 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 10 feet to 25 feet

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

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 the driller: 1654
 Signed John C. Bin
 By driller performing actual drilling on site or contractor
 Date 9/28/95

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift
 Date started 9-20, 1995
 Date completed 9-20, 1995

Draw Down (Feet Below Static)	Time (Hours)
<u>Not tested</u>	