DIVISION OF WATER RESOURCES

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 17424
Permit No.
Basin

1. OWNER U.S. Bureau of Indian Affairs, Indian Health Service, Federal Bldg., Elko, NV 89801 ADDRESS South Fork Reservation, Alvin Tubo site

2. LOCATION NE ¼ SW ¼ Sec. 13 T. 31 N/S R. 57 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 ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay & cobbles		0	18	18
Clay & boulders w/sand		18	35	17
Clay & gravel		35	46	11
Clay		46	73	27
Sand w/water	✓✓	73	80	7
Clay		80	105	25
Sand w/water	✓✓	105	110	5
Clay		110	113	3
T.D. 113				

Date started 12-2, 19 77
Date completed 12-9, 19 77

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 10 inches Total depth feet
Casing record 114 ft x 6 5/8"
Weight per foot 13.92 Thickness .203

Diameter	From	To
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement grout
Depth of seal 53 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 53 feet to 113 feet

Perforations:
Type perforation Screen
Size perforation .050
From 105 feet to 108 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 55 Feet below land surface
Flow G.P.M.
Water temperature Cold ° F. Quality good

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

Name Amos Stockton for: Muth Drilling Co.
Address 203 Pine St., Elko, NV 89801
Nevada contractor's license number 10819
Nevada driller's license number Stockton 922 - Muth 632
Signed James V. Muth
Date 1/3/78

USE ADDITIONAL SHEETS IF NECESSARY

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