

WELL DRILLERS REPORT

Please complete this form in its entirety

Pyramid Pointe

1. OWNER Indian Health Service ADDRESS Nixon Hwy

2. LOCATION NW 1/4 SE 1/4 Sec. 8 T. 24 N. R. 22 E. Washoe County
 PERMIT NO. _____

3. TYPE OF WORK	4. PROPOSED USE	5. TYPE WELL
New Well <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/>	Cable <input type="checkbox"/>
Recondition <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Rotary <input type="checkbox"/>
Deepen <input type="checkbox"/>	Municipal <input type="checkbox"/>	Other <input type="checkbox"/>
Other <input checked="" type="checkbox"/> <u>rest</u>	Industrial <input type="checkbox"/>	<u>Air</u> <input checked="" type="checkbox"/>
Test <input type="checkbox"/>	Stock <input type="checkbox"/>	

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Cobbles-boulders</u>				
<u>- Clay</u>		<u>0</u>	<u>55</u>	<u>55</u>
<u>Clay</u>		<u>55</u>	<u>65</u>	<u>10</u>
<u>Boulders</u>		<u>65</u>	<u>83</u>	<u>18</u>
<u>Green Clay</u>		<u>83</u>	<u>87</u>	<u>4</u>
<u>Red & Brown</u>				
<u>Cobbles</u>		<u>87</u>	<u>160</u>	<u>73</u>
<u>Green Clay</u>		<u>160</u>	<u>180</u>	<u>20</u>
<u>Granite</u>		<u>195</u>		

8. WELL CONSTRUCTION

Diameter hole 6 inches Total depth 195 feet
 Casing record N/A
 Weight per foot _____ Thickness _____

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 _____
 Depth of seal _____ feet
 Gravel packed: Yes No
 Gravel packed from _____ feet to _____ feet

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ Feet below land surface 53
 Flow _____ G.P.M.
 Water temperature _____ ° F. Quality _____

Date started June 3, 1980
 Date completed June 3, 1980

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
<u>3-5</u>	<u>G.P.M</u>	<u>From</u>	<u>195</u>

10. DRILLERS CERTIFICATION

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

Name J.W. Biffle-Welsuo
 Address Box 885
 Nevada contractor's license number 11752
 Nevada driller's license number 172
 Signed [Signature]
 Date June 19, 1980

BAILER TEST

G.P.M.	Draw down	feet	hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____