

OFFICE USE ONLY
 Log No. 50618, 50619
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 30771

PRINT OR TYPE ONLY
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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: _____
 MAILING ADDRESS Nevada Highway 225 Near hospital in Owyhee
Owyhee, Nevada 89832
 2. LOCATION NW 1/4 NE 1/4 Sec. 26 T. 46 ON/S R. 52 E. Elko County _____
 PERMIT NO. M/O-942 Well MW-8 Duck Valley Indial Res. Subdivision Name _____
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	4"	4"
Gravel		4"	3'	2'8"
Rock w/ clay seams		3	17	14
Yellow Clay		17	18	1
Clay & Fractured rock wet		18	24	6
Red/Brown rock & clay		24	46	22
Red/Brown Frac rock		46	55	9

Set 1st PVC to 55' - sandpack with sili sand from 31-55- placed 3/8 bentonite seal from 26-31' - Set 2nd PVC from 0-25' - sandpacked with silica sand from 10-25' - placed 3/8 bentonite seal from 5-10' - cement from 5' to surface - set vault flush with asphalt

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8. WELL CONSTRUCTION
 Depth Drilled 55 Feet Depth Cased 55 Feet
 HOLE DIAMETER (BIT SIZE)

From	To
8 Inches	0 Feet 10 Feet
6 1/2 Inches	10 Feet 55 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2	PVC	sch 40	0	55
ca2	PVC	sch 40	0	25

Perforations:
 Type perforation millslot
 Size perforation .020
 From _____ feet to _____ feet
 From 40 feet to 55 feet
 From 15 feet to 25 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 5' Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 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 9-19, 1995
 Date completed 9-19, 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