

TT02-MW04

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

OFFICE USE ONLY

Log No. 105623
Permit No.
Basin 101

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. 61807

1. OWNER NAS FALLON ADDRESS AT WELL LOCATION 4755 Pasture Rd
MAILING ADDRESS 4755 Pasture Rd Fallon NV 89496
Fallon, NV 89496 Subdivision Name: NAS FALLON County: Churchill

2. LOCATION NW 1/4 NW 1/4 Sec 15 T 18 S R 29 E Latitude 35.1844 UTM E 351844 NAD 83
PERMIT/WAIVER No. TRP 006-611-01 Longitude N 118.72043 NAD 83/WGS 84
Issued by Water Resources Parcel No. 4366038

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SILTY SAND</u>		<u>0'</u>	<u>6'</u>	<u>6'</u>
<u>CLAYEY SAND</u>		<u>6'</u>	<u>9'</u>	<u>3'</u>
<u>CLAY</u>		<u>9'</u>	<u>15'</u>	<u>6'</u>
<u>SAND</u>		<u>15'</u>	<u>20'</u>	<u>5'</u>

N 39.431254
W 118.720443 N1027

9. WELL CONSTRUCTION
Depth Drilled 20' 7 1/2 Feet Depth Cased 19 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 19
Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>SCH. 40</u>	<u>0</u>	<u>19</u>

Perforations:
Type of perforation manufactured slotted
Size of perforation .010
From 4 feet to 19 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0' to 2' Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 3' to 19' Pumped Poured
Type: 2116 Sand
Bentonite Chips: Yes No 2' to 3' Pumped Poured
Type: 3/8 chips

Date started: 3.14 20 08
Date completed: 3.14 20 08

7. Water Level
Static water level: 9' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. 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 Gregg Drilling Contractor
Address 950 Howl Rd Contractor
Martinez, CA 94553
Nevada contractor's license number C23-0038113
issued by the State Contractor's Board
Nevada driller's license number issued by the M-2328
Division of Water Resources, the on-site driller
Signed Jason Hoff
By driller performing actual drilling on site or contractor
Date 3.14.08