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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

Log No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Basin **114C**

1. OWNER **Hawthorne Army Depot (Kevin Shamba)** ADDRESS AT WELL LOCATION **Blwy 25 Hawthorne Army Depot**  
MAILING ADDRESS **25 Main Bldg 25 Hawthorne, NV 89415**  
2. LOCATION **1/4 NW 1/4 Sec 14 T 8 S R 30 E Mineral** County  
PERMIT NO. **M/D-1475/9-000031** Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

NOTICE OF INTENT NO **60960**

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 **SONIC**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>GRAVELY SAND (med to coarse)</b>		<b>0</b>	<b>31</b>	<b>31</b>
<b>38.554792° N</b>				
<b>118.608777° W</b>				
<b>N40 27 (T)</b>				
<b>Bentonite chips 17'-19'</b>				
<b>GPS coords:</b>				
<b>N 38° 33' 16.95"</b>				
<b>W 118° 36' 35.05"</b>				
<b>datum: WGS 84</b>				

8. WELL CONSTRUCTION  
Depth Drilled **31** Feet Depth Cased **31** Feet  
HOLE DIAMETER (BIT SIZE)  
**6"** From **0** Feet To **31** Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
CASING SCHEDULE  
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)  
**3" sch. 40** **0** **31**  
Perforations:  
Type perforation **factory slotted**  
Size perforation **1.040**  
From **2** feet to **31** feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
Surface Seal:  Yes  No Seal Type:  
Depth of Seal **17**  Neat Cement  
Placement Method:  Pumped  Poured  Cement Grout  Concrete Grout  
Gravel Packed:  Yes  No  
From **19** feet to **31** feet

9. WATER LEVEL  
Static water level **NONE** feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **11/17/07**, 2007  
Date completed **11/17/07**, 2007

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.  
Name **Robert Longyear** Contractor  
Address **12464 McClain Dr Santa Fe Springs, CA 90670** Contractor  
Nevada contractor's license number issued by the State Contractor's Board **0021976**  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M 4798**  
Signed **Robert Longyear** 2199  
By driller performing actual drilling on site or contractor  
Date **11/27/07**