

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

OFFICE USE ONLY
Log No. 114033
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. 62249

1. OWNER US Dept of Navy ADDRESS AT WELL LOCATION 4755 Pasture Road
MAILING ADDRESS San Diego CA Fallon NV 89496
Subdivision Name: N/A County: Churchill

2. LOCATION NW 1/4 NS 15 T 18 S R 29 E Latitude N 39° 25' 73.7" UTM E NAD 27
PERMIT/WAIVER No. N/A 006-611-001 Longitude W 118° 42' 89.1" N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. NW-6 LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Concrete		0	8"	8"
baserock		8"	1	4"
brown silty sand		1	4	3
brown silty clay	8	4	8	4
brown silty sand		8	8.5	0.5
brown fine-med sand		8.5	11.75	3.25
brown silty clay		11.75	12	0.25
brown fine-med sand		12	15	3

9. WELL CONSTRUCTION
Depth Drilled 15 Feet Depth Cased 15 Feet

HOLE DIAMETER (BIT SIZE)
From 10 To 15
Inches 0 Feet 15
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>15</u>

Perforations:
Type of perforation slotted screened
Size of perforation 0.010
From 5 feet to 15 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 1.5 to 0 Pumped Poured
 ≥80% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 15 to 3
Type: Cemex sand # 2/12
Bentonite Chips: Yes No 3 to 1.5 Pumped Poured
Type: Pure Gold med. chips

Date started: 6/7/14 , 20 11
Date completed: 6/7/14 , 20 11

7. Water Level
Static water level: 8 feet below land surface
Artesian Flow: No G.P.M. N/A P.S.I.
Water Temperature: _____ °F
Quality: _____

8. N/A WELL TEST DATA

TEST METHOD: Bailer Pump 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 DALE LEHMAN Contractor
Address 520 Edison Way Contractor
Reno NV 89502
Nevada contractor's license number 0062596 RSI
issued by the State Contractor's Board
Nevada driller's license number issued by the M-1976
Division of Water Resources, the on-site driller
Signed Dale Lehman
By driller performing actual drilling on site or contractor
Date 6/7/17/11

USE ADDITIONAL SHEETS IF NECESSARY
39.429031° N
118.713869° W NAD 27
(79)

(Rev. 05-08)