

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 74259
 Permit No. 1100
 Basin _____
 NOTICE OF INTENT NO. 37749

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Tetra Tech Hawthorne Army Depot ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 180 Howard St Suite 250 Hawthorne Army Depot
San Francisco, CA 94105 1617

2. LOCATION NE 1/4 SE 1/4 Sec. 5 T 8N N/S R 30 E Mineral County _____
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other _____

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Pipe Cut off 3.5ft below grade				
Cement pumped from bottom to top				
6" Cement Cap on top off pipe				
USGS 24				
ARMY WELL # 33				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
From _____	To _____	_____
From _____	To _____	_____
From _____	To _____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
3			0	48.78

Perforations:

Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 26.15 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started July 11 19 98
 Date completed July 11 19 98

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION

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

Name Parsons Drilling, Inc. Contractor
 Address P.O. Box 1265 Contractor
Fallon, NV 89407 1265

Nevada contractor's license number issued by the State Contractor's Board 29064

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1753

Signed Wayne Peck
 By driller performing actual drilling on-site or contractor
 Date 7-30-98

50100-4 11/11/07
 STATE ENGINEERING OFFICE