WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 74272
Permit No.
Basin 110C

NOTICE OF INTENT NO. 38915

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

ADDRESS AT WELL LOCATION Hawthorne Army Depot

2. LOCATION NW 1/4 NE 1/4 Sec. 6 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 XX Abandon ☐ Other

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

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Pipe cut off 3.5ft below grade				
25% Bentonite/Grout Mixture pumped				
from bottom to top.				
6" Cement Cap on top of pipe				
USGS 44				
Army Well #13				

Date started July 7,1998 , 19__
Date completed July 7, 1998 , 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)
From To
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
3			0	29

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 11.94 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

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 ____ (By driller performing actual drilling on-site or contractor)
Date 7-30-98