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. 81823
Permit No.
Basin 101

NOTICE OF INTENT NO. 42080

1. OWNER [redacted] THE ENVIRONMENTAL Co
MAILING ADDRESS 710 NW Juniper St Suite 208 Issaquah, WA 98027
ADDRESS AT WELL LOCATION 4755 Pasture RD Building 548 Fallon NV 89496

2. LOCATION NW ¼ SW ¼ Sec. 15 T. 18 ☒ S R. 29 E. Churchill County
PERMIT NO. (Issued by Water Resources) FEDERAL Facility (Parcel No.) Well id MW-348-F (Subdivision Name)

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
1) Place neat Cement via Tremie Pipe From Bottom To Surface.				
2) Depth of well 22'				
3) place 21 Gallon cement				

Date started 8-15, 19 00
Date completed 8-16, 19 00

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 22 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)
2"	Factory	Sch 40	0	22

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 SURFACE
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 5.41 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 Boart Longyear (Contractor)
Address 32 STOKES DR (Contractor)
Dayton, NV 89403

Nevada contractor's license number issued by the State Contractor's Board 0021974

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M2071

Signed [signature] (By driller performing actual drilling on site or contractor)
Date 9-18-00

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627