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. 81833
Permit No.
Basin 101

NOTICE OF INTENT NO. 72286

1. OWNER THE ENVIRONMENTAL CO
MAILING ADDRESS 710 NW Juniper St Suite 208 Issaquah, WA 98027
ADDRESS AT WELL LOCATION 4755 Astaire Rd Building 548 Fallon, NV 89496

2. LOCATION SW ¼ SW ¼ Sec. 22 T. 18 N/S R. 29 E. Churchill County
PERMIT NO. M10-2000 Issued by Water Resources | FEDERAL Facility Parcel No. | well id. MW-806-C 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 Grout via Tremie Pipe from Bottom to surface.				
2) Depth of well 16'				
3) Place 33 Gallons Cement				

Date started 08-15 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 ____ 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)
4"	Factory	Sch 40 SS.	0	6

Perforations:
Type perforation Factory Slot
Size perforation 0.010
From 6 feet to 16 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 8.26 feet 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 Co (Contractor)
Address 22 Stokes Dr (Contractor)
Dayton, NV 89403
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 M2071
Signed [signature] (By driller performing actual drilling on site or contractor)
Date 09-18-00

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