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. 83872
Permit No.
Basin 160

NOTICE OF INTENT NO. 4744

1. OWNER Hawthorne Army Depot
MAILING ADDRESS US Hwy 95
Hawthorne, NV

ADDRESS AT WELL LOCATION Hawthorne Army Depot

2. LOCATION NW 1/4 SE 1/4 Sec. 10 T 8N N/S R 30E E Mineral County
PERMIT NO. _____ Issued by Water Resources
USGS103-16MW20 Parcel No.
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
Pipe cut off 3.5ft below grade. Cement pumped from bottom to top. 6in cap on top of pipe		0	114.5	114.5

Date started 04/23/2001, 19__
Date completed 04/24/2001, 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)
2			0	114.50

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 96.69 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 1264 Contractor
Fallon Nv. 89407
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 Way Parsons
By driller performing actual drilling on-site or contractor
Date 04/27/2001

USE ADDITIONAL SHEETS IF NECESSARY