

TTO1-MW01

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 105265
Permit No.
Basin 101

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 61814

1. OWNER DEPT OF NAVY NAS FALLON ADDRESS AT WELL LOCATION 4755 Pastore Rd
MAILING ADDRESS 4755 Pastore Rd Fallon NV 89496
Subdivision Name: NAS FALLON County: Churchill

2. LOCATION SW 1/4 SW 1/4 Sec 23 T 18 N SR 29 E Latitude 39.405291 UTM E 1150353342 NAD 27
PERMIT/WAIVER No. TRP Longitude 118.702395 NAD 27 N 4363.127 NAD 83/WGS 84
Issued by Water Resources Parcel No. 000-611-01

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other
4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other Augul

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
NO SAMPLING				

9. WELL CONSTRUCTION

Depth Drilled _____ Feet
Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To
8 Inches	0 Feet 18 Feet
Inches	Feet
Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"		SCH. 40	0	18

Perforations:

Type of perforation Manufactured Slotted
Size of perforation .010

From	feet to	feet
3	18	feet
From	feet to	feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0' to 1'	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 2 1/2' to 18' Pumped Poured
Type: 2/16 Sand

Bentonite Chips: Yes No 1' to 2 1/2' Pumped Poured
Type: 3/8 Bentonite chips

Date started: 11-10-07 , 20 07
Date completed: 11-10-07 , 20 07

7. Water Level
Static water level: 5' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION

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

Name Gregg Drilling Contractor
Address 950 Howe Rd Contractor
Martinez CA 94553
Nevada contractor's license number 223-0038113
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2328
Signed [Signature] By driller performing actual drilling on site or contractor
Date 11-10-07