

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

OFFICE USE ONLY
Log No. 108361
Permit No. _____
Basin 110B

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. 61630

1. OWNER Hawthorne Army Depot ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 15 Maine St _____
Hawthorne, NV 89415 Subdivision Name: _____ County: Mineral

2. LOCATION NE 1/4 SE 1/4 Sec 32 T 09N N/S R 30 E Latitude _____ UTM E 3859690 NAD 27 DD
PERMIT/WAIVER No. _____ #11 Longitude _____ N 11865479 NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Damage at ground surface				
Couldn't locate casing				
dug down 5' and capped				
with concrete cap				
<u>NAD 27, DD</u>				
<u>38.596, 979°N</u>				
<u>118.653, 821°W</u>				

9. 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"		Sch 40 PVC	0	

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 16-Mar, 20 09
Date completed: 3/16/2009, 20 09

7. Water Level
Static water level: _____ feet below land surface
Artesian Flow: NA G.P.M. _____ P.S.I. _____
Water Temperature: NA °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 WDC Exploration & Wells
Contractor
Address PO Box 141
Contractor
Zamora, CA 95698
Nevada contractor's license number _____
issued by the State Contractor's Board 12852
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2111
Signed Jim Whitley
By driller performing actual drilling on site for contractor
Date 3/17/2009

RECEIVED
JUL 09 2009
STATE ENGINEERS OFFICE