Log No 125247
Permit No.
Basin 192

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.178 and NAC 534.340

NOTICE OF INTENT NO. 74390
WELL NAME (if applicable): LFKMW1

1. OWNER/CLIENT NAME AECOM
MAILING ADDRESS 12120 Shamrock Plaza Suite 100 Omaha NE 68154

DETAILED ADDRESS AT WELL LOCATION SE of intersection of US Rt 93 Alt & Airport Way in West Wendover
Subdivision Name: County: Elko

2. PLS LOCATION SW ¼ SE ¼ 16 Sec 33 N/S 70 E
PERMIT/WAIVER NO. M/0-2062
Issued by Water Resources Current Parcel No.

Latitude UTM E 748790.1245 ☐ NAD 27
Longitude UTM N 4512594.1922 ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☒ New Well ☐ Deepen: Orig WL#
☐ Replacement: Original well log #
☐ Recondition: Original well log #

4. PROPOSED USE
☐ Domestic ☐ Irrigation ☒ Monitor
☐ Mining / Dewater ☐ Com / Ind ☐ Stock
☐ Test / Other ☐ Mun / QM ☐ Rec

5. WELL TYPE
☒ Auger ☐ Rotary ☐ RVC
☐ Air ☐ Mud ☒ Sonic
☐ Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Sandy Clay			0	20
Sandy Gravel			20	25.5
Clayey Sand			25.5	28
Gravelly Clay			28	33
Silty Sand			33	38.5
Sandy Gravel			38.5	45

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Date started: 5-6, 20 16
Date completed: 5-6, 20 16

9. INSTRUCTION
Depth Drilled: 45 Feet Depth Cased: 35 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
8	Inches	0	Feet	45	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1.5		40	0	35

ANNULAR MATERIALS

Sanitary Seal ☐ Yes ☐ No

☐ Neat Cement		to		☐ Pumped	☐ Poured
☒ Cement Grout	0	to	25	☒ Pumped	☐ Poured
☐ Concrete Grout		to		☐ Pumped	☐ Poured
☒ Bentonite Chips	25	to	30	☐ Pumped	☒ Poured
☒ Gravel Pack [> 0.2 in.]	30	to	45	☐ Pumped	☐ Poured
☐ Sand Pack [< 0.2 in.]		to		☐ Pumped	☐ Poured
☐ Other, explain:		to		☐ Pumped	☐ Poured

PERFORATIONS:
Type of perforation: Machine
Size of perforation: Slotted
From 35 Feet To 45 Feet
From Feet To Feet
From Feet To Feet
From Feet To Feet
From Feet To Feet

7. WATER QUALITIES
Static water level: Feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: ° Fahrenheit
Water Quality:

8. WELL TEST DATA
Test Method: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
	NAD 27	
	40.726954	
	114.060370	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Major Drilling
Contractor
Address 2200 S 4000 W Salt Lake City UT 84120
Contractor 62830
Nevada contractor's license number as issued by the State Contractor's Board: 2368
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller):
Signed: [signature]
By driller performing actual drilling on site or contractor
Date: 6-16-16

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

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