

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

OFFICE USE ONLY  
 Log No. 1021033  
 Permit No. \_\_\_\_\_  
 Basin 091

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. **59081**

1. OWNER **Boomtown Hotel Casino** ADDRESS AT WELL LOCATION **Boomtown-Garson Rd. & S. Verdi Rd. Well # 1A**  
 MAILING ADDRESS **P.O. Box 399**  
**Verdi, NV 89439**

2. LOCATION **NW** 1/4 **NE** 1/4 Sec. **16** T **19N** N/S R **18E** E **Washoe** County  
 PERMIT NO. **038-870-02** 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	Thick-ness
On this date we abandoned a 4" X 69' monitor well by pumping 10.5 cubic feet of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top of the well.				
Washoe County permit # WL 060237				
Well # 1A				
NAD 83				
N 39.51851				
W 119.96841				
N 39.518621				
W 119.967400 NAD87				

8. WELL CONSTRUCTION  
 Depth Drilled **69** Feet Depth Cased **69** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	Feet	To	Feet
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>4</b>		<b>sch 40</b>	<b>0</b>	<b>69</b>

Perforations:  
 Type perforation **Factory sawed**  
 Size perforation **.020**

From	To
<b>29</b> feet to	<b>69</b> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ 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 **41** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **1/10/2007**, 19  
 Date completed **1/10/2007**, 19

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Bruce MacKay Pump & Well Service, Inc.** Contractor  
 Address **1600 Mt. Rose Hwy** Contractor  
**Reno, NV 89511**  
 Nevada contractor's license number issued by the State Contractor's Board **23096**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2271**  
 Signed R. Bruce MacKay  
 By driller performing actual drilling on-site or contractor  
 Date **1/11/2007**