

FINALIZED MH

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

OFFICE USE ONLY
Log No. 110704
Permit No. _____
Basin 070

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. 44378

1. OWNER Pilot Travel Centers, LLC
MAILING ADDRESS 5508 Lomas Rd
KNOXVILLE, TN 37909

ADDRESS AT WELL LOCATION 5625 West I-80
WINNEMUKCA, NV, 89445
Subdivision Name: _____ County: Humboldt

2. LOCATION N 35 01/4 Sec R 3 T 35 01/4 SR 37 E
PERMIT/WAIVER No. fact 5-000212 013-081-04
Issued by Water Resources Parcel No. _____

Latitude N 40.93095° UTM E NAD 27
Longitude W 117.80566° N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other AUGER

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
<u>silt sand</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>silt</u>		<u>5</u>	<u>10</u>	<u>5</u>
<u>silt sand Gravel</u>		<u>10</u>	<u>15</u>	<u>5</u>
<u>Sand Gravel</u>		<u>15</u>	<u>20</u>	<u>5</u>
<u>sand</u>		<u>20</u>	<u>25</u>	<u>5</u>
<u>VE-7</u>				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
<u>25</u>		<u>25</u>		

HOLE DIAMETER (BIT SIZE)				
	From	To	Feet	Feet
<u>12</u>	<u>0</u>	<u>25</u>		

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>SCH. 40</u>	<u>0</u>	<u>10</u>

Perforations:
Type of perforation Factory Slot
Size of perforation .020
From 10 feet to 25 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 6 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured
Type: 10/20 silica sand
Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: 3/8 Bentonite chips

Date started: April 11th 20 10
Date completed: April 11th 20 10

7. Water Level
Static water level: 14 feet below land surface
Artesian Flow: No G.P.M. _____ P.S.I. _____
Water Temperature: 68.5 °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 Haz-Tech Drilling, Inc. Contractor
Address P.O. Box 940 Contractor
Meridian, ID 83680
Nevada contractor's license number _____
issued by the State Contractor's Board 0038018
Nevada driller's license number issued by the Division of Water Resources, the on-site driller m-1808T-1
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 4/25/10

8. 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			