

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

OFFICE USE ONLY
Log No. 111967
Permit No. -
Basin 104

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. 64386

1. OWNER NDEP ADDRESS AT WELL LOCATION Eagle Basin, 2152 N Carson St
MAILING ADDRESS 901 S. Stewart St Ste 4001 Carson City NV 89701 Subdivision Name Carson City, NV County: Carson City
2. LOCATION SW 1/4 NW 1/4 Sec 8 T 15 R 20 E Latitude N 39.18044° UTM E NAD 27
PERMIT/WAIVER No. 1-000030 001-021-05 Longitude W 119.76733° N NAD 83/WGS 84
Issued by Water Resources Parcel No.

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
	<u>NO</u>	<u>0</u>	<u>5</u>	<u>5</u>
<u>water at well debris</u>	<u>YES</u>	<u>5</u>	<u>25</u>	<u>20</u>
<u>overdrilled old well</u>				
<u>drilled & installed new well</u>				
<u>old log on file 109632</u>				
<u>MW-4R</u>				

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 25
Inches Feet Feet Feet
Inches Feet Feet Feet
Inches Feet Feet Feet

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>5</u>

Perforations:
Type of perforation Factory Slot
Size of perforation .020
From 5 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 2 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 4 to 25 Pumped Poured
Type: 1/2 silica sand
Bentonite Chips: Yes No 2 to 4 Pumped Poured
Type: 3/4 Bentonite chips

Date started: August 14th 20 10
Date completed: August 17th 20 10

7. Water Level
Static water level: 10 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: 235 °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 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 0035018
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2412-M-LTD
Signed [Signature]
By driller performing aerial drilling on-site or contractor
Date 8/31/10

NAD-27
39.180503°N
119.766400°W
Replaces WL# 109632

STATE ENGINEER
2010 SEP 13 PM 5:13
2412-M-LTD