

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

OFFICE USE ONLY
Log No. 111974
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. 64330

1. OWNER NDEP
MAILING ADDRESS 901 S. Stewart St Ste 4001
Carson City NV 89701

ADDRESS AT WELL LOCATION Exley hqs. 2152 N. Carson St.
Carson City NV 89701
Subdivision Name: _____ County: Carson City

2. LOCATION SW 1/4 NW 1/4 Sec 8 T 15 S R 20 E
PERMIT/WAIVER No. 1-000030 Row
Issued by Water Resources Parcel No. _____

Latitude N 39.18030° UTM E NAD 27
Longitude W 119.76714° N NAD 83/WGS 84

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

LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
well debris	NO	0	5	5
	yes	5	25	20
over Drill old well install New well				
mw-6R				
No log on file of existing well				
NAD-27 GPS				
39.180390° N				
119.766125° W				

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

HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>10</u>	Inches <u>9</u>	Feet <u>25</u>	Feet
	Inches	Feet	Feet
	Inches	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
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 2 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: 1/20 silica sand
Bentonite Chips: Yes No 2 to 4 Pumped Poured
Type: 74 Bentonite chips

Date started: August 11th .20 10
Date completed: August 12th .20 10

7. Water Level
Static water level: 10 feet below land surface
Artesian Flow: No G.P.M. _____ P.S.I. _____
Water Temperature: 63.5 °F
Quality: _____

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 Hz 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 0033019
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2412-m-LTD
Signed David Jones
By driller performing actual drilling on-site or contractor
Date 8/31/10