

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

OFFICE USE ONLY
Log No. 111985
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

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

NOTICE OF INTENT NO. 64386
ADDRESS AT WELL LOCATION Eagle Gas ²¹⁵⁷ N. Carson St
Carson City NV
Subdivision Name: _____ County: Carson City

2. LOCATION SW 1/4 NW 1/4 Sec 8 T 15 R 20 E
PERMIT/WAIVER No. 1-000030 001-032-05
Issued by Water Resources Parcel No. _____

Latitude N 39.18054° UTM E NAD 27
Longitude W 119.76764° 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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>well debris</u>		<u>0</u>	<u>30</u>	<u>30</u>
<u>over drill existing well</u>				
<u>install New well</u>				
<u>water at 10'</u>				
<u>MW - 9R</u>				
<u>No log on file of existing well</u>				
<u>NAD-27 GPS</u>				
<u>39.180630°N</u>				
<u>119.767625°W</u>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>30</u>		<u>30</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
<u>10</u>	<u>0</u>	<u>30</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>5</u>

Perforations:
Type of perforation Factory slot
Size of perforation .020
From 5 feet to 30 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 30 Pumped Poured
Type: 1/2 silica sand

Bentonite Chips: Yes No 2 to 4 Pumped Poured
Type: 3/4 Bentonite chips

Date started: August 15th, 20 10
Date completed: August 15th, 20 10

7. Water Level
Static water level: 10 feet below land surface
Artesian Flow: NO G.P.M. _____ P.S.I. _____
Water Temperature: 45 °F
Quality: _____

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			

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 93680
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 2416-M-LTD
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 8/31/10