

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

OFFICE USE ONLY
 Log No. 113599
 Permit No. _____
 Basin 083

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 66454

1. OWNER **Miles Construction**
 MAILING ADDRESS **61 Industrial Parkway**
Carson City, NV 89706

ADDRESS AT WELL LOCATION **100 Germany Ct**
McCarren, NV 89434

2. LOCATION **NE¼NW¼ Sec11T19N/ R22E**

Subdivision Name: **USA Parkway** County: **Storey**

PERMIT/WAIVER NO. _____
 Issued by Water Resources Parcel No. **005-061-31**

Latitude **N39.53131** UTM E _____ NAD 27
 Longitude **W119.48341** N _____ NAD 83/WGS 84

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other **Geo Loops**

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
Multi colored Clays		0	160	160
Gray Volcanic		160	181	21
Gray Clays		181	193	12
Brown Volcanics		193	240	47
Gray Volcanics		240	303	63
Well # 36				
Geothermal Heat Loop Grouted from bottom to top with Geo. grout & Sand Mix. 1" Loops X2 per well.				

9. WELL CONSTRUCTION

Depth Drilled **303** Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6 1/4 Inches _____ **0** Feet _____ **303** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type of perforation _____
 Size of perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout **0** to **303** Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: **2-23, 20 11**
 Date completed: **2-24, 20 11**

7. Water Level
 Static water level: _____ feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F
 Quality: **not tested**

8. WELL TEST DATA

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

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 **23095**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **923**

Signed **R. Bruce MacKay**

By driller performing actual drilling on site or contractor

Date **3-21-11**