

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

OFFICE USE ONLY
Log No. 117655
Permit No. _____
Basin OT2

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 Travel Centers of America
MAILING ADDRESS 24001 Center Ridge Rd
Ste 200 Westlake Ohio 44145

ADDRESS AT WELL LOCATION Travel Centers Truck Stop
6000 E. Frontage Rd Mill City NV 89418
Subdivision Name: _____ County: Pershing

NOTICE OF INTENT NO. 67096

2. LOCATION NW 1/4 NW 1/4 Sec 33 T 33 S R 35 E
PERMIT/WAIVER No. 5-000016 008-130-01
Issued by Water Resources Parcel No. _____

Latitude N 40.69376° UTM E NAD 27
Longitude W 118.05707° 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 gravel</u>	<u>no</u>	<u>0</u>	<u>25</u>	<u>25</u>
<u>sand silt</u>	<u>no</u>	<u>25</u>	<u>40</u>	<u>15</u>
<u>silt sand gravel</u>	<u>yes</u>	<u>40</u>	<u>65</u>	<u>25</u>
<u>sand silt clay</u>	<u>yes</u>	<u>65</u>	<u>75</u>	<u>10</u>

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>75</u>		<u>75</u>	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>0</u>	<u>75</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>schedule 40</u>	<u>0</u>	<u>45</u>

Date started: 2/10, 20 12
Date completed: 2/10, 20 12

Perforations:
Type of perforation Factory slot
Size of perforation .020

From	feet to	feet	feet
<u>45</u>	<u>75</u>		

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>33</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	to	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 43 to 75 Pumped Poured
Type: 10/20 silica sand

Bentonite Chips: Yes No 33 to 43 Pumped Poured
Type: 3/8 Bentonite chips

7. Water Level
Static water level: 59 feet below land surface
Artesian Flow: no G.P.M. _____ P.S.I. _____
Water Temperature: 48.5 °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 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 2412 M-LTD
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 2/14/12

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			

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