

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

OFFICE USE ONLY
 Log No. 122014
 Permit No. _____
 Basin 101

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. 73025

1. OWNER **Pine Nut Hospitalities** ADDRESS AT WELL LOCATION **6080 Zephyr Ln**
 MAILING ADDRESS **8175 S Virginia St #805, STE 394** **Fallon NV 89406**
Reno NV 89511 *Subdivision Name:* _____ *County:* **Churchill**

2. LOCATION **SE 1/4 NE 1/4 Sec 19T19N / R28E** Latitude **39.497671** UTM E NAD 27
 PERMIT/WAIVER NO. **008-133-27** Longitude **-118.879224** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORK 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 **Mud**

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Sand & Silt		0	10	10
Sand & Gravel		10	95	85
Brown Sandy Clay		95	105	10
Gray Sandy Clay		105	110	5
Sand & Gravel		110	120	10
Brown Sandy Clay		120	130	10
Brown Sand & Gravel		130	150	20
NAD 27 39.497755°N 118.878235°W				

9. WELL CONSTRUCTION

Depth Drilled **150** Feet Depth Cased **150** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 5/8 Inches **0** Feet **150** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	+2	150

Perforations:
 Type of perforation **Factory**
 Size of perforation **.060 double row**
 From **130** feet to **150** feet
 From _____ feet to _____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 105	<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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	105 to 150	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
Type: 1/4 x 1/8			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
Type: _____			

Date started: **2/23**, 20 **15**
 Date completed: **2/24**, 20 **15**

7. Water Level
 Static water level: **32** feet below land surface
 Artesian Flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: **63** °F
 Quality: **not tested**

8. WELL TEST DATA

TEST METHOD:	TEST METHOD:		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	50+		2
Air			

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 **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **3/3/15**

Replaces Unknown Well 109