

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

OFFICE USE ONLY
Log No. 105336
Permit No. _____
Basin 076

**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. 60234

1. OWNER Refuse Inc. ADDRESS AT WELL LOCATION 1100 US Hwy 95A S.
MAILING ADDRESS 1100 US Hwy. 95A S. Fernley, NV
NE Fernley, NV Subdivision Name: Fernley Transfer Station County: Lyon

2. LOCATION NE 1/4 SE 1/4 Sec 23 T 20N N/S R 24 E Latitude 39.58955 UTM E NAD 27
PERMIT/WAIVER No. M0935 ~~2-483-01~~ Longitude 119.24682 N NAD 83/WGS 84
Issued by Water Resources 21-532-01 Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
silty sand with gravel		0	5	5
sand with clay and gravel		5	25	20
silty sand with gravel		25	48	23
silty sand with silt		48	85	37
gravely sand with clay		85	115	30
gravely sand		115	135	20
silty sand with gravel		135	179	44
gravely sand with clay		179	224	45
sand and silt		224	245	21

N 39.589655
W 119.245829 NAD27

2000 JUN 16 7:11:20

9. WELL CONSTRUCTION

Depth Drilled 245 Feet Depth Cased 245 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	Feet	Feet
<u>7 7/8</u> Inches	<u>0</u>	<u>245</u>		
_____ Inches	_____	_____	_____	_____
_____ Inches	_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 1/2</u>	<u>.071</u>	<u>schedule 40</u>	<u>0</u>	<u>245</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Perforations:

Type of perforation factory screen

Size of perforation 0.02

From	feet to	feet	feet
<u>200</u>	<u>245</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annular Seal: Yes No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	<u>0</u> to <u>3'</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> ≥30% Bentonite Grout	<u>3</u> to <u>195</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 197 to 245 Pumped Poured

Type: SRI supreme filter sand #6

Bentonite Chips: Yes No 195 to 197 Pumped Poured

Type: _____ hole plug

Date started: 18-Dec, 20 07

Date completed: 21-Dec, 20 07

7. Water Level

Static water level: 186.5 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: cool °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>1</u>	<u>59'</u>	<u>4.5 hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name McKay Drilling, Inc
Contractor

Address 4850 Joule St. Suite A5
Contractor

Reno, NV 89502

Nevada contractor's license number _____
issued by the State Contractor's Board 14170

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 786

Signed Steve McKay
By driller performing actual drilling on site or contractor

Date 1/8/2008