

FINALIZED *MA*

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

OFFICE USE ONLY
Log No. 110716
Permit No. _____
Basin 670

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. 64377

1. OWNER Pilot Travel Centers, LLC ADDRESS AT WELL LOCATION 5625 West I-80
 MAILING ADDRESS 5508 Lucas Rd Winnemucca, NV. 89445
Knoxville TN, 37909 Subdivision Name: _____ County: Humboldt

2. LOCATION SE 1/4 Sec 43 T 35 N/S R 37 E Latitude N 40.93131° UTM E NAD 27
 PERMIT/WAIVER No. FACT 5-000212 013-091-04 Longitude W 117.80574 N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Monitor
 Municipal/Industrial Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silt Gravel	NO	0	5	5
Silt Sand	NO	5	10	5
Silt sand Gravel	YES	10	15	5
SAND Gravel	YES	15	20	5
sand	YES	20	25	5
VE-13				

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>12</u> Inches	<u>0</u> Inches	<u>25</u> Feet	Feet
Inches	Inches	Feet	Feet
Inches	Inches	Feet	Feet

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>10</u>

Perforations:

Type of perforation factory slot

Size of perforation 10/20

From 10 feet to 25 feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout 0 to 6 Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 3 to 25 Pumped Poured

Type: 10/20 Silica Sand

Bentonite Chips: Yes No 6 to 3 Pumped Poured

Type: 3/8 Bentonite chips

Date started: April 12th, 20 10

Date completed: April 12th, 20 10

7. Water Level

Static water level: 14 feet below land surface

Artesian Flow: NO G.P.M. _____ P.S.I. _____

Water Temperature: 85 °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

STATE ENGINEERS OFFICE
 RECEIVED
 2010 MAY -5 AM 11:04

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. 83680

Nevada contractor's license number _____

issued by the State Contractor's Board 81083018

Nevada driller's license number issued by the Division of Water Resources, the on-site driller m-1803-T-1

Signed David J. Grady
 By driller performing actual drilling on site or contractor

Date 7/25/10

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

40.931407° N
117.804775° W
NAD 27 (TD)