STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 113569
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
Subdivision Name: USA Parkway *County:* Storey

2. LOCATION NE¼NW¼ Sec11T19N/ R22E
PERMIT/WAIVER NO. 005-061-31
Issued by Water Resources Parcel. No.

Latitude N39.53115 UTM E ☐ NAD 27
Longitude W119.48392 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	Thickness
Brown Soft Sandy Clays		0	53	53
Brown Volcanic		53	146	93
Tan Sandy Clays		146	218	72
Brown Volcanics		218	304	86
Well # 16				
Geothermal Heat Loop				
Grouted from bottom to top				
with Geo. grout & Sand Mix.				
1" Loops X2 per well.				

Date started: 3-4, 20 11
Date completed: 3-4, 20 11

9. *WELL CONSTRUCTION*
Depth Drilled 304 Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
6 1/4 Inches	0 Feet	304 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
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 304 ☒ Pumped ☐ Poured
Gravel Pack: ☐ Yes ☐ No ____ to ____ ☐ Pumped ☐ Poured
Type:
Bentonite Chips: ☐ Yes ☐ No ____ to ____ ☐ Pumped ☐ Poured
Type:

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: ☐ Bailer ☐ Pump ☒ Air Lift

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

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* 1790
Signed R. Bruce MacKay
By driller performing actual drilling on site or contractor
Date 3-21-11

STATE ENGINEER'S OFFICE
2011 APR 20 AM 11:04