

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

OFFICE USE ONLY
 Log No. 113572
 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
 Latitude N39.53117 UTM E NAD 27
 Longitude W119.48375 N NAD 83/WGS 84
 PERMIT/WAIVER NO. 005-061-31 Parcel No. _____
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Other Geo Loops
 4. PROPOSED USE
 Domestic Irrigation Test Monitor Stock
 Municipal/Industrial Other
 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	145	92
Tan Sandy Clays		145	216	71
Brown Volcanics		216	304	88
Well # 18				
Geothermal Heat Loop Grouted from bottom to top with Geo. grout & Sand Mix. 1" Loops X2 per well.				

Date started: 3-2, 20 11
 Date completed: 3-2, 20 11

9. WELL CONSTRUCTION
 Depth Drilled 304 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 1/4 Inches To 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

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

APR 20 11 11:04 AM
 STATE ENGINEER

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