

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

OFFICE USE ONLY
Log No. 117654
Permit No. _____
Basin OTL

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

1. OWNER Travel Centers of America ADDRESS AT WELL LOCATION Travel Centers Truck Stop
MAILING ADDRESS 24601 Center Ridge Rd 6000 E. Frontage Rd, Mill City NV 89418
Ste 200 Westlake, Ohio 44145 Subdivision Name: _____ County: Pershing
2. LOCATION NW 1/4 NW 1/4 Sec 33 T 33 S R 35 E Latitude N 40.69357° UTM E NAD 27
PERMIT/WAIVER No. 5-000016 | 008-130-01 Longitude W 118.05683° N NAD 83/WGS 84

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 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>silt sand Gravel</u>	<u>NO</u>	<u>00</u>	<u>10</u>	<u>10</u>
<u>silt sand</u>	<u>NO</u>	<u>10</u>	<u>35</u>	<u>25</u>
<u>silt sand Gravel</u>	<u>YES</u>	<u>35</u>	<u>70</u>	<u>35</u>
<u>silt sand</u>	<u>YES</u>	<u>70</u>	<u>75</u>	<u>5</u>

9. WELL CONSTRUCTION
Depth Drilled 75 Feet Depth Cased 75 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
2" _____ schedule 4 0 45

Perforations:
Type of perforation Factory slot
Size of perforation .020
From 45 feet to 75 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 33 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 43 to 75 Pumped Poured
Type: 10/20 silica sand
Bentonite Chips: Yes No 33 to 43 Pumped Poured
Type: 3/8 Bentonite chips

Date started: 2/3 , 20 12
Date completed: 2/4 , 20 12

7. Water Level
Static water level: 59 feet below land surface
Artesian Flow: no G.P.M. _____ P.S.I. _____
Water Temperature: 63.5 °F
Quality: _____

8. WELL TEST DATA

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

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 Contractor
Address P.O. Box 940 Contractor
meridian, Id 83680
Nevada contractor's license number _____
issued by the State Contractor's Board 0038018
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2412 m-LTD
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 2/14/12

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STATE ENGINEERING BOARD