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

OFFICE USE ONLY
Log No. 120481
Permit No.
Basin No. 043

PRINT OR TYPE IN BLACK INK 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. 71172
WELL NAME *(If applicable)*: ASP-9

1. OWNER/CLIENT NAME Travel Centers of America
MAILING ADDRESS 24601 Center Ridge Road
Westlake, OH 44145-5639

DETAILED ADDRESS AT WELL LOCATION Facility ID: 6-000329
1440 NE 6th Street Wells, NV
Subdivision Name: *County:* Elko

2. PLS LOCATION NE ¼ SW ¼ 10 Sec 37N N/S 62 E
PERMIT/WAIVER NO. _____ *Issued by Water Resources* NDOT ROW *Current Parcel No.*

Latitude 41.101477 UTM E _____ ☐ NAD 27
Longitude 114.956545 UTM N _____ ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☒ New Well ☐ Deepen: Orig WL# _____
☐ Replacement: Original well log # _____
☐ Recondition: Original well log # _____

4. PROPOSED USE
☐ Domestic ☐ Irrigation ☒ Monitor
☐ Mining / Dewater ☐ Com / Ind ☐ Stock
☐ Test / Other ☐ Mun / QM ☐ Rec

5. WELL TYPE
☒ Auger ☐ Rotary ☐ RVC
☐ Air ☐ Mud ☐ Sonic
☐ Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
Clay stiff			0	20	20
Semi soft silty clay			20	25	5

NAD-27
41.101555°N
114.955666°W

Date started: 14-May , 20 14
Date completed: 14-May , 20 14

9. WELL CONSTRUCTION
Depth Drilled: 25 Feet Depth Cased: 25 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
8	Inches	0	Feet	25	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1		Sch 40	0	25

PERFORATIONS:
Type of perforation: Slot
Size of perforation: 0.01
From 23 Feet To 25 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

☐ Sanitary Seal		to			
☒ Neat Cement	0	to	19	☐ Pumped	☒ Poured
☐ Cement Grout		to		☐ Pumped	☐ Poured
☐ Concrete Grout		to		☐ Pumped	☐ Poured
☒ Bentonite Chips	19	to	22	☐ Pumped	☒ Poured
☐ Bentonite Grout		to		☐ Pumped	☐ Poured
☐ 15 % ☐ 20 % ☐ Other, explain:					
☐ Gravel Pack [> 0.2 in.]		to		☐ Pumped	☐ Poured
☒ Sand Pack [< 0.2 in.]	22	to	25	☐ Pumped	☒ Poured
☐ Other, explain:		to		☐ Pumped	☐ Poured

7. WATER QUALITIES
Static water level: _____ Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA
Test Method: ☐ Bailer ☐ Pump ☐ Air Lift

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name Cascade Drilling, L.P. *Contractor*
Address 3000 Duluth Street West Sacramento, CA 95691 *Contractor*

Nevada contractor's license number as Issued by the *State Contractor's Board:* 73966
Nevada well driller's license number as issued by the *Nevada Division of Water Resources (on-site driller):* 1935

Signed: _____ *By driller performing actual drilling on site or contractor*
Date:

(Rev. 08-12)

USE ADDITIONAL SHEETS IF NECESSARY