

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

OFFICE USE ONLY
Log No. 123329
Permit No. _____
Basin No. _____

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. 37838
WELL NAME (if applicable): M-161-D

1. OWNER/CLIENT NAME Nevada Environmental Response Trust DETAILED ADDRESS AT WELL LOCATION 510 Fourth St.
MAILING ADDRESS 35 E Wacker DR. # 1550 Henderson, NV
Chicago II 60601-2314 Subdivision Name _____ County Clark

2. PLS LOCATION NE 1/4 SW 1/4 12 Sec 22 N/S 62 E Latitude 36° 2' 55.23" N UTM E NAD 27
PERMIT/WAIVER NO. M0-3005 178-12-301-005 Longitude 115° 0' 16.47" W UTM N NAD 83/WGS 84
Issued by Water Resources Current Parcel No.

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
Sand			0	2
Silty Sand			2	29
Clayey Silt			29	63
Silt			63	105
Clayey Silt			105	108
Silty/Sandy silt			108	150

9. INSTRUCTION
Depth Drilled: 150 Feet Depth Cased: 150 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>8 5/8"</u> Inches	<u>0</u> Feet <u>150</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.500</u>	<u>2.01</u>	<u>0.237</u>	<u>0</u>	<u>150</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement 0 to 135 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 135 to 137 Pumped Poured
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] 137 to 150 Pumped Poured
 Other, explain: _____ Pumped Poured

PERFORATIONS:

Type of perforation: Factory
 Size of perforation: 0.01
 From 140 Feet To 150 Feet
 From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet

Date started: 5-Dec 2014 15
 Date completed: 6-Dec 2014 15

7. WATER QUALITIES
 Static water level: 142 Feet below land surface
 Artesian Flow: NA G.P.M. _____ P.S.I.
 Water Temperature: NA ° Fahrenheit
 Water Quality: NA

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision. This report is true to the best of my knowledge.
 Name National EWP Contractor
 Address 5241 Schirls St. Las Vegas, NV 89118 Contractor
 Nevada contractor's license number as issued by the State Contractor's Board: 0075355
 Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2512-LTD
 Signed: Bob W
 By driller performing actual operation on site or contractor
 Date: 2/9/2015

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