

MW-18

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

OFFICE USE ONLY
Log No. 123612
Permit No. _____
Basin 064

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

NOTICE OF INTENT NO. 70110

1. OWNER Battle Mt Truck Stop LLC
MAILING ADDRESS P.O. Box 14144
Spokane Valley, WA 99214

ADDRESS AT WELL LOCATION 1660 W. Front St
Battle Mt, NV
Subdivision Name: _____ County: Lander

2. LOCATION NE 1/4 NE 1/4 Sec 18 T 32 N R 45 E
PERMIT/WAIVER No. M10-2024
SW Issued by Water Resources Parcel No. 02-2-02-08

Latitude 40.650023 N UTM E NAD 27
Longitude -116.945148 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other Auger

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
<u>SAND/SILT</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>SAND</u>		<u>5</u>	<u>10</u>	<u>5</u>
<u>SAND w/ GRAVEL</u>		<u>10</u>	<u>20</u>	<u>10</u>
<u>NAD 27</u>				
<u>40.650083</u>				
<u>116.945148</u>				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
<u>20</u>		<u>18 1/2</u>		

HOLE DIAMETER (BIT SIZE)				
	From	To		
<u>10</u>	<u>0</u>	<u>20</u>	Inches	Feet
			Inches	Feet
			Inches	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>SCH-40</u>	<u>0</u>	<u>18 1/2</u>

Perforations:
Type of perforation Manufactured
Size of perforation 1.020

From 3 1/2 feet to 18 1/2 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 2 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 3 to 18 1/2 Pumped Poured
Type: #3 Sand

Bentonite Chips: Yes No 2 to 3 Pumped Poured
Type: 3/8 bent. chips

Date started: 10-12 20 15
Date completed: 10-12 20 15

7. Water Level
Static water level: 10 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

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 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 Gregg Drilling & Testing Inc
Address 950 Howell Rd, Meridian, CA 94553
Nevada contractor's license number issued by the State Contractor's Board C23-0038113
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2328
Signed _____
Date 10-19-15

(Rev. 12-89)

USE ADDITIONAL SHEETS IF NECESSARY