

MW-19

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

OFFICE USE ONLY
Log No. 123613
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 14646
Spokane Valley WA 99214

ADDRESS AT WELL LOCATION 660 W. Front St.
Battle Mt. NV
Subdivision Name: County: Lander

2. LOCATION NE 1/4 Sec 18 T 32 N R 45 E
PERMIT/WAIVER No. M/0-2024
SW Issued by Water Resources
Parcel No. 02-2602-128

Latitude 40.650361 UTM E NAD 27
Longitude -116.945804 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 | | | | | |
| SAND/SILT | | 0 | 5 | 5 | | | | | |
| SAND | | 5 | 10 | 5 | | | | | |
| SAND w/ GRAVEL | | 10 | 20 | 10 | | | | | |
| NAD 27 40.650422 116.944922 | | | | | | | | | |
| RECEIVED JOURNAL - 2 APR 22 THE ENGINEERS OFFICE | | | | | | | | | |
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| | | | | | | | | | |
| Date started: | 10-12 | 20 | 15 | | | | | | |
| Date completed: | 10-12 | 20 | 15 | | | | | | |

| 9. WELL CONSTRUCTION | | | | |
|--|---------------------|-------------------------|-------------|--|
| Depth Drilled | Feet | Depth Cased | Feet | |
| 20 | | 20 | | |
| HOLE DIAMETER (BIT SIZE) | | | | |
| From | | To | | |
| 10 | Inches | 0 | Feet | 20 |
| | Inches | | Feet | |
| | Inches | | Feet | |
| CASING SCHEDULE | | | | |
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
| 4 | | SCH. 40 | 0 | 20 |
| Perforations: | | | | |
| Type of perforation | Manufactured | | | |
| Size of perforation | 1.020 | | | |
| From | 5 | feet to | 20 | feet |
| From | | feet to | | feet |
| From | | feet to | | feet |
| From | | feet to | | feet |
| From | | feet to | | feet |
| Annular Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input checked="" type="checkbox"/> Neat Cement | 0 | to | 3 | <input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured |
| <input type="checkbox"/> Cement Grout | | to | | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| <input type="checkbox"/> Concrete Grout | | to | | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| <input type="checkbox"/> ≥30% Bentonite Grout | | to | | <input type="checkbox"/> Pumped <input type="checkbox"/> Poured |
| Gravel Pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4 | to | 20 | <input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured |
| Type: #3 Sand | | | | |
| Bentonite Chips: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 3 | to | 4 | <input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured |
| Type: 3/8 bent. chips | | | | |

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

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 Howe Rd, Martinez, 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: [Signature]
Date: 10-19-15

| 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 | | | |
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USE ADDITIONAL SHEETS IF NECESSARY