

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

OFFICE USE ONLY
Log No. 124837
Permit No. _____
Basin 061

MW 22

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. 74236

1. OWNER Battle Mt. Truck Stop LLP ADDRESS AT WELL LOCATION 660 W. Front St.
MAILING ADDRESS P.O. Box 14644 Spokane Valley Battle Mt. NV.
WA- 99214 SW NE Subdivision Name: _____ County: Lander

2. LOCATION NE 1/4 SE 1/4 Sec 18 T 32 N/S R 45 E Latitude 40.65011 UTM E NAD 27
PERMIT/WAIVER No. MD-2053 Longitude -116.94670 N NAD 83/WGS 84
Parcel No. 02-260-09

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>Silt/Trace Sand</u>		<u>0</u>	<u>5</u>	<u>5'</u>
<u>Fine Sand</u>		<u>5'</u>	<u>10'</u>	<u>5'</u>
<u>med. sand with fine gravel</u>		<u>10'</u>	<u>15'</u>	<u>5'</u>
<u>Graded Sand</u>		<u>15'</u>	<u>20'</u>	<u>5'</u>
<u>Fine Sand</u>		<u>20'</u>	<u>22'</u>	<u>2'</u>

9. WELL CONSTRUCTION
Depth Drilled 22 Feet Depth Cased 22 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
10 Inches 0 Feet 22 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ 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>22</u>

Perforations:
Type of perforation Manufactured
Size of perforation .020
From 7 feet to 22 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 3 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 5 to 22 Pumped Poured
Type: #3 Sand
Bentonite Chips: Yes No 3 to 5 Pumped Poured
Type: 3/8 chips

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: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
		<u>NAD 27</u>	
		<u>40.650199</u>	
		<u>116.945766</u>	

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. Contractor
Address 950 Howe Rd. Martinez, CA 94553 Contractor
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 Jan Hill
By driller performing actual drilling on site or contractor
Date _____