

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

OFFICE USE ONLY  
Log No. 123113  
Permit No. \_\_\_\_\_  
Basin No. 105

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. 74269  
WELL NAME (if applicable): well#1

1. OWNER/CLIENT NAME BIA - Washoe Tribe of NV & CA  
MAILING ADDRESS 311 E. Washington St. Carson City NV 89701

DETAILED ADDRESS AT WELL LOCATION 919 N HWY 395  
Douglas County NV  
Subdivision Name: \_\_\_\_\_ County: \_\_\_\_\_

2. PLS LOCATION SE 1/4 SW 1/4 11 Sec 24 N/S 20 E  
PERMIT/WAIVER NO. DW-117 12201002039  
Issued by Water Resources Current Parcel No.

Latitude 38.911982° N UTM E  NAD 27  
Longitude 119.709200° W 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
Filt - Sand, cobble			0	3
Sand, cobble- hard silty clay rock			3	8
hrd silty clay rock-siltsand cobble			8	10
silty sand cobble			10	
silty sand Large Rock				21
silty sand Large Rock			21	
silty sand lg rock with clay				22
silty sand lg rock with clay			22	
silty sand cobble				30

9. INSTRUCTION

Depth Drilled: 30 Feet Depth Cased: 30 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>30</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>12</u>	<u>5/8</u>	<u>0</u>	<u>30</u>
_____	_____	_____	_____	_____

Annular Materials

Material	From	To
<u>0-10' - Steel Spacer</u>		
<u>10'-12' - Bentonite Seal</u>		
_____		
_____		

Hand 27  
38.912075° N  
119.708192° W

ANNULAR MATERIALS

Sanitary Seal  Yes  No

<input type="checkbox"/> Neat Cement _____ to _____	<input type="checkbox"/> Pumped <input 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
Bentonite Chips <u>8</u> to <u>10</u>	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [ > 0.2 in. ] <u>10</u> to <u>30</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [ < 0.2 in. ] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

3/8 pea gravel

Date started: 31-Jul 20 15  
Date completed: 31-Jul 20 15

PERFORATIONS:

Type of perforation: machine slot  
Size of perforation: 0.032

From <u>10</u> Feet	To <u>30</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

7. WATER QUALITIES  
Static water level: 8ft Feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: \_\_\_\_\_ ° Fahrenheit  
Water Quality: \_\_\_\_\_

10. DRILLER'S CERTIFICATION:  
This well was drilled under my supervision. This report is true to the best of my knowledge.  
Name Viking Drillers, Inc Contractor  
Address 5950 Granite Lake Drive, Granite Bay, CA 95746 Contractor  
Nevada contractor's license number as issued by the State Contractor's Board: 0034688  
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2365  
Signed: Matthew J. Pan  
By driller, performed actual drilling on site or contractor  
Date: 8/13/2015

RECEIVED  
25 AUG 19 11 15 26  
N.E. WATERS OFFICE

8. WELL TEST DATA

Test Method:  Bailor  Pump  Air Lift

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