

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

OFFICE USE ONLY
Log No. 123148
Permit No. _____
Basin No. 087

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. 38101
WELL NAME (if applicable): well#1

1. OWNER/CLIENT NAME Regional Transportation Commission
MAILING ADDRESS 1105 Terminal Way STE 108
Reno NV 89502

DETAILED ADDRESS AT WELL LOCATION Clean Water Way, Washoe
County, NV

2. PLS LOCATION SE ¼ SE ¼ 16 Sec 18N N/S 20 E
PERMIT/WAIVER NO. DW -116 021-030-09
Issued by Water Resources Current Parcel No.

Latitude 39.508883°N UTM E _____ NAD 27
Longitude -119.716133°W UTM N _____ x 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 / C/M Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
Other _____

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Packed silt			0	8
Packed silt-dry sand			8	10
Dry sand - silty moist clay			10	25
<u>Plugged By Well Log 125892</u>				

9. INSTRUCTION
Depth Drilled: 25 Feet Depth Cased: 25 Feet
HOLE DIAMETER (BIT SIZE)
Inches _____ Feet _____
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>6</u>	<u>SCH 40</u>	<u>0</u>	<u>25</u>

7. WATER QUALITIES

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

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
Bentonite Chips 10 to 12 Pumped Poured
 Gravel Pack [> 0.2 in.] 12 to 25 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:

Type of perforation: machine slot
Size of perforation: 0.032
From 0 Feet To 25 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift
G.P.M. _____ Draw Down (Foot Below Static) _____ Recorded Time (Hours) _____

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: 0034680
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2361
Signed: Mattias J. P...
Date: 8/28/15

RECEIVED
2015 SEP - 1 AM
STATE ENGINEERS OFFICE