

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

OFFICE USE ONLY
Log No. 123159
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#12

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
Subdivision Name: _____ County: _____

2. PLS LOCATION SE ¼ SE ¼ 15 Sec 18N N/S 20 E
PERMIT/WAIVER NO. DW-116 021-030-09
Issued by Water Resources Current Parcel No.

Latitude 39.506364°N UTM E _____ NAD 27
Longitude 119.717558°W UTM N _____ x NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WLS _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / CM Rec

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

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Packed silt - dark pebbles			0	6
dark pebbles - soft blue silty clay			6	12
soft blue silty clay - silty clay			12	17
silty clay			17	25
<i>Plugged by Well Log 123159</i>				

9. INSTRUCTION
Depth Drilled: 25 Feet Depth Cased: 25 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>24</u> Inches	<u>0</u> Feet <u>25</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

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

Note - Annular Material
Gravel pack 0 10

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: _____ Pumped Poured

RECEIVED
25 SEP -4 AM 10:59
WATER ENGINEERS OFFICE

Date started 22-Jul 20 15
Date completed 22-Jul 20 15

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

7. WATER QUALITIES
Static water level: 14 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

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 (for site driller): 2361
Signed: Matthew J. Pomeroy
Date: 8/28/15
(By driller or firming actual drilling on site or contractor)