

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

OFFICE USE ONLY  
Log No. 123160  
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#13

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 15 Sec 10N N/S 20 E  
PERMIT/WAIVER NO. DW-116 021-030-09  
Issued by Water Resources Current Parcel No.

Latitude 39.506083°N UTM E \_\_\_\_\_  NAD 27  
Longitude 119.717850°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  
 Mining / Dewater  
 Test / Other  
 Irrigation  
 Com / Ind  
 Mun / CM  
5. WELL TYPE  
 Auger  Rotary  RVC  
 Air  Mud  Sonic  
 Monitor  Stock  Rec

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Packed silt - dark peats			0	6
dark peats- soft blue silty clay			6	12
soft blue silty clay- silty clay			12	17
silty clay			17	25
Plugged By Well Log 123160				

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

<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>10</u> to <u>12</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
x Gravel Pack [ > 0.2 in. ] <u>12</u> to <u>25</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

RECEIVED  
10 SEP - 4 AM 11:00  
STATE ENGINEERS OFFICE

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

7. WATER QUALITIES  
Static water level: 14 Feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: \_\_\_\_\_ ° Fahrenheit  
Water Quality: \_\_\_\_\_

8. WELL TEST DATA

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

PERFORATIONS:  
Type of perforation: machine slot  
Size of perforation: 0.032  
From \_\_\_\_\_ Feet To 25 Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet  
From \_\_\_\_\_ Feet To \_\_\_\_\_ Feet

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: Matthew J. Perrin  
Date: 8/20/15