

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

OFFICE USE ONLY
Log No. 124418
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. 74266
WELL NAME (if applicable): well#5

1. OWNER/CLIENT NAME Reno City of
MAILING ADDRESS PO BOX 1800 CJO Property
Management Reno NV 89505

DETAILED ADDRESS AT WELL LOCATION 6800 Pembroke
Subdivision Name: _____ County: Washoe

2. PLS LOCATION SE 1/4 NE 1/4 28 Sec 19N N/S 20 E
PERMIT/WAIVER NO. DW-120 021-160-44
Issued by Water Resources Current Parcel No.

Latitude 39. 29' 05.72 UTM E NAD 27
Longitude 119. 44' 10.57 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WLF# _____
 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
Dark Piate silty - dark clay lens			0	5
silty sand			5	8
sand & gravel			8	18
hard clay			18	21
			21	25
Plugged by well Log 126797				
NAD 27 39.485011 119.735249				

9. INSTRUCTION
Depth Drilled: 25 Feet Depth Cased: 25 Feet
HOLE DIAMETER (BIT SIZE)
From 24 Inches 0 Feet 25 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Well Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>6</u>	<u>3/8</u>	<u>0</u>	<u>25</u>

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
Bentonite Chips 6 to 8 Pumped Poured
 Gravel Pack [> 0.2 in.] 0 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 20 Feet To 25 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 30-Nov .20 15
Date completed: 30-Nov .20 15

7. WATER QUALITIES
Static water level: 8 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: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)

Nevada contractor's license number as issued by the State Contractor's Board: 8034680
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2381
Signed: Matthew J. Payne
Date: 2/12/16
By driller performing actual drilling on site or contractor

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