

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

OFFICE USE ONLY  
Log No. 123154  
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#7  
Clean Water Way, Washoe

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

DETAILED ADDRESS AT WELL LOCATION  
County, NV

2. PLS LOCATION SE ¼ SE ¼ 16 Sec 16N N/S 20 E  
PERMIT/WAIVER NO. DW-116 021-030-08  
Issued by Water Resources Current Parcel No.

Latitude 39.507569°N UTM E \_\_\_\_\_  NAD 27  
Longitude 119.715942°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 / OM  Rac

5. WELL TYPE  
 Auger  Rotary  RVC  
 Air  Mud  Sonic  
Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Silt - dark plate			0	6
dark plate- blue silty clay			6	11
blue silty clay - silty clay			11	16
Silty clay			16	25
<u>Plugged By Well Log 125085</u>				
Note - Annular Material				
Gravel pack			0	10

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/Ft. (Pounds)	Well Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>6</u>	<u>SCH 40</u>	<u>0</u>	<u>25</u>
_____	_____	_____	_____	_____

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
<input checked="" type="checkbox"/> 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

PERFORATIONS:

Type of perforation: machine slot

Size of perforation: 0.032

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

RECEIVED  
21 SEP - 4 AM 10:59  
STATE ENGINEERS OFFICE

Date started: 21-Jul . 20 15  
Date completed: 21-Jul . 20 15

7. WATER QUALITIES  
Static water level: 15 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"/> Bailor			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			
_____			
_____			

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  
Address 5950 Granite Lake Drive, Granite Bay, CA 95746  
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. Payne  
Date: 8/20/15