

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

OFFICE USE ONLY
Log No. 106588
Permit No. _____
Basin 153

PRINT OR TYPE 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. 62175

1 OWNER Eureka County Ambulance Bay
MAILING ADDRESS P.O. Box 677
Eureka NV 89316

ADDRESS AT WELL LOCATION 219 North Main Street
Eureka NV 89316
Subdivision Name: N/A County: Eureka

2 LOCATION/MW# SW 1/4 Sec 13 T 19 N SR 53 E
PERMIT/WAIVER No. WAM/D-1086A | 01-071-01
Issued by Water Resources Parcel No.

Latitude N 39° 30.940' UTM E NAD 27
Longitude W 115° 57.724' N NAD 83 WGS 84

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor MWS Stock

Is this well being plugged because a replacement well was drilled? NO
If yes, what is replacement well NOI? -

Is there an existing well log? N/A
If yes, what is NDWR well log #? N/A

4 EXISTING WELL CONSTRUCTION
Depth Drilled 16 Feet Depth Cased 16 Feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: -

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>sch 40</u>	<u>0</u>	<u>16</u>

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no
If casing was left in place, please show where additional perforations were made:
Additional Perforations: -

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	To	feet
<u>slotted screened</u>	<u>0.020</u>	<u>6</u>	<u>16</u>		

Type of perforator used: -

From	feet to	feet	Number of perfs per linear foot

5 WATER LEVEL
Static water level 7' 6" feet below land surface
 Artesian flow NO G.P.M. - P.S.I.
Water temperature WARM °F Quality Mucky

8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments

Material Used				Pumped	Poured
From <u>1/2</u>	feet to <u>0</u>	feet <u>new shrink grout</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
From <u>16</u>	feet to <u>1/2</u>	feet <u>neat cement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	feet to	feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	feet to	feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	feet to	feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	feet to	feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight 24 lbs/gal
Bentonite Grout % bentonite _____

Date Started 4/8/08
Date Completed 4/8/08

MW#5
Facility ID # F-001166
WGS 84 N 39° 30.940'
W 115° 57.724'
N 39.515744
W 115.961169 NAD27

9 DRILLER'S CERTIFICATION
This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name DALE LEHMAN Contractor
Address 520 Edison Way Contractor
RENO NV 89502
Nevada contractor's license number C.E. 4186 (Pezonella)
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1976
Signed Dale Lehman
By driller performing actual drilling on site or contractor
Date 4/10/08

USE ADDITIONAL SHEETS IF NECESSARY