

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

OFFICE USE ONLY *106658*
Log No. _____
Permit No. _____
Basin *092B*

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. **62790**

1. OWNER **Betty Seaman** ADDRESS AT WELL LOCATION **11840 Hartpine**
MAILING ADDRESS **11840 Hartpine** **Reno**
SE **Reno NV. 89506** *Subdivision Name:* _____ *County:* **Washoe**
2. LOCATION **NE 1/4 SW 1/4 Sec 15 T21N/ R19E** Latitude **39.68658** UTM E _____ NAD 27
PERMIT/WAIVER NO. *NW* **080-352-10** Longitude **119.84167** N NAD 83/WGS 84
Issued by Water Resources Parcel. No. _____

3. TYPE OF WELL _____ Is this well being plugged because a replacement well was drilled? Yes No
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor Stock
If yes, what is replacement well NO? _____
Is there an existing well log? Yes No
If yes, what is NDWR well log #? **26028**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **244** Feet Depth Cased **238** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.156	+2	238

Existing Perforations:
Type of perforation **Factory**
Size of perforation **3/32 x 3**

From	To
214 feet	234 feet

5. WATER LEVEL
Static water level: **174** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

6. Additional Notes or Comments
Washoe Permit WL 080083
N39.686671
W 119.840643 NAD27

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: _____

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:
Type of perforator used: **Mills Knife**

From	To	Number of perfs per linear foot
125 feet	210 feet	4

8. WELL PLUGGING MATERIALS
Material Used
Neat cement Pumped Poured
From **0** feet to **238** feet
From _____ feet to _____ feet Pumped Poured
Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **8/13/08**
Date Completed **8/13/08**

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 **Bruce MacKay Pump & Well Service, Inc.**
(CONTRACTOR)
Address **1600 Mt. Rose Hwy**
(CONTRACTOR)
Reno, NV 89511
Nevada contractor's license number issued by the State Contractor's Board **23096**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2299**
Signed *R. Bruce MacKay*
By driller performing actual drilling on site or contractor
Date **8/19/08**

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(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY