

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

OFFICE USE ONLY 106981
 Log No. _____
 Permit No. _____
 Basin 088

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. **62798**

1. OWNER **Jane & Bob Diamond**
 MAILING ADDRESS **5430 Tannerwood**
 NE NW **Reno NV. 89511**

ADDRESS AT WELL LOCATION **5430 Tannerwood**
Reno
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW 1/4 NE 1/4 Sec 2 T17N/ R19E**
 PERMIT/WAIVER NO. **045-542-24**
Issued by Water Resources Parcel. No. _____

Latitude **39.37383** UTM E _____ NAD 27
 Longitude **119.81738** N _____ NAD 83/WGS 84

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

Is this well being plugged because a replacement well was drilled? Yes No
 If yes, what is replacement well NOI? _____
 Is there an existing well log? Yes No
 If yes, what is NDWR well log #? **27381**

4. EXISTING WELL CONSTRUCTION
 Depth Drilled **173** Feet Depth Cased **173** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188 & .250	+2	173

Existing Perforations:
 Type of perforation **Factory**
 Size of perforation **3/32 x 3**
 From **153** feet to **173** feet
 From _____ feet to _____ feet

5. WATER LEVEL
 Static water level: **159** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F Quality _____

6. Additional Notes or Comments
Washoe Permit WL 080066

N 39.373920
 W 119.816359 NAD27

STATE ENGINEERING OFFICE
 2008 OCT -2 PM 1:11

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 **100** feet to **153** feet Number of perms per linear foot **4**
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____
 From _____ feet to _____ feet Number of perms per linear foot _____

8. WELL PLUGGING MATERIALS

Material Used
neat cement
 From **0** feet to **173** feet Pumped Poured
 From _____ feet to _____ feet Pumped Poured

Neat Cement Fluid Weight **15** lbs/gal
 Bentonite Grout _____ % bentonite

Date Started **9/29/08**
 Date Completed **9/29/08**

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 **9/30/08**