

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

OFFICE USE ONLY 107017
Log No. _____
Permit No. _____
Basin 087

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. **62803**

1. OWNER **Regional Transportation Commission**
MAILING ADDRESS **1055 terminal Way Suite 108**
Reno Nv. 89502

ADDRESS AT WELL LOCATION **SE corner of 4 th st. & lake Reno**

2. LOCATION **SE 1/4 NE 1/4 Sec 11 T19N R19E**
PERMIT/WAIVER NO. M/D-1281 **07-311-06**
Issued by Water Resources Parcel No. _____

Subdivision Name: _____ County: **Washoe**
Latitude **39.53057** UTM E NAD 27
Longitude **119.81043** 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 #? 90350

4. EXISTING WELL CONSTRUCTION
Depth Drilled **39 Feet** Depth Cased **39 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)
2"		SCH 40	0	39

Was the well contaminated? Yes No
Was the casing pulled? Yes No
Was the casing over drilled? Yes No

Existing Perforations:
Type of perforation _____
Size of perforation _____
From 24 feet to 39 feet
From _____ feet to _____ feet

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used:
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 _____
From _____ feet to _____ feet Number of perms per linear foot _____

5. WATER LEVEL
Static water level: 25 feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.

8. WELL PLUGGING MATERIALS
Material Used

Water Temperature: _____ °F Quality _____

Neat cement
From 0 feet to 39 feet Pumped Poured
From _____ feet to _____ feet Pumped Poured

6. Additional Notes or Comments

N 39.530659
W 119.809405 NAD83

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout _____ % bentonite
Date Started 9/11/08
Date Completed 9/11/08

STATE ENGINEERS OF NEVADA
2008 SEP 23 AM 10:50

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 **1790**
Signed R. Bruce MacKay
By driller performing actual drilling on site or contractor
Date 9/16/08