

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

OFFICE USE ONLY **107077**

Log No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Basin **105**

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. **63581**

1. OWNER **Douglas County** ADDRESS AT WELL LOCATION **1586 Esmeralda Ave**  
MAILING ADDRESS **P.O. Box 218** **Minden**  
**Minden NV. 89423** **Subdivision Name:** \_\_\_\_\_ **County: Douglas**

2. LOCATION **NE¼NW¼ Sec32T13N/ R20E** Latitude **39.95267** UTM E \_\_\_\_\_  NAD 27  
PERMIT/WAIVER NO. **1320-32-111-023** Longitude **119.76292** N \_\_\_\_\_  NAD 83/WGS 84  
*Issued by Water Resources* Parcel No. \_\_\_\_\_

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 #? **83453**

4. EXISTING WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
EXISTING CASING SCHEDULE			
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From To (Feet) (Feet)
2		SCH 40	0 23

Existing Perforations:  
Type of perforation **Factory**  
Size of perforation **.020**

From <b>2</b> feet to <b>23</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ 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: \_\_\_\_\_

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: \_\_\_\_\_

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: **9** feet below land surface  
Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water Temperature: \_\_\_\_\_ °F Quality \_\_\_\_\_

8. WELL PLUGGING MATERIALS

Material Used		Neat	
From <b>0</b> feet to <b>23</b> feet	<b>cement</b>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

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

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

6. Additional Notes or Comments  
**MW-1**

**N 38.952763**  
**W 119.761909 NAD83**

STATE ENGINEERING BOARD  
11:1 AM 2-100 800Z  
2008 OCT -2 PM 1:1

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 **923**

Signed **R. Bruce MacKay**  
By driller performing actual drilling on site or contractor  
Date **9/30/08**