

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

OFFICE USE ONLY **107078**  
 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. **63580**

1. OWNER **Douglas County** ADDRESS AT WELL LOCATION **1594 Esmeralda**  
 MAILING ADDRESS **P.O. Box 218** **Minden**  
**Minden NV. 89423** **Subdivision Name:** \_\_\_\_\_ **County: Douglas**

2. LOCATION **NE¼NW¼ Sec32T13N/ R20E** Latitude **38.95302** UTM E \_\_\_\_\_  NAD 27  
 PERMIT/WAIVER NO. **1320-32-111-020** Longitude **119.76328** 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 #? **83449**

4. EXISTING WELL CONSTRUCTION  
 Depth Drilled **80** Feet Depth Cased **80** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		SCH 40	0	80

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

From <b>60</b> feet to <b>80</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

5. WATER LEVEL  
 Static water level: **10** feet below land surface  
 Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water Temperature: \_\_\_\_\_ °F \_\_\_\_\_ Quality

6. Additional Notes or Comments  
**MW-2B**  
**N 38.953113**  
**W 119.762269 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:

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 _____

8. WELL PLUGGING MATERIALS

Material Used

From	To	Material	Quantity	Notes
From <b>0</b> feet to <b>80</b> feet		<b>Neat 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**

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

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY