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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY 107648
Log No. .....
Permit No. .....
Basin Ø87

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **63589**

1. OWNER **Gene & Patricia McClelland**
MAILING ADDRESS **7495 Shadow Lane**
Sparks, NV 89434

ADDRESS AT WELL LOCATION **7495 Shadow Lane**
Sparks, NV 89434
Subdivision Name: *County:* **Washoe**

2. LOCATION **SW¼SE¼** Sec**27**T**20**N/ R**20**E
PERMIT/WAIVER NO. **DOM08-020** **035-310-22**
Issued by Water Resources Parcel. No.

Latitude **39.56476** UTM E ☐ NAD 27
Longitude **119.72289** 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? 63595

Is there an existing well log? ☐ Yes ☒ No
If yes, what is NDWR well log #?

4. *EXISTING WELL CONSTRUCTION*
Depth Drilled **144** Feet Depth Cased **144** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	144

Existing Perforations:
Type of perforation ?
Size of perforation ?

From **124** feet to **144?** feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

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

Water Temperature: **cold** °F Quality **not tested**

6. Additional Notes or Comments
Washoe Co Permit #WL080120

N 39.564849
W 119.721869 NAD27

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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 perforater used: **Mills Knife**

From **124** feet to **48** feet Number of perfs per linear foot **4**
From ..... feet to ..... feet Number of perfs per linear foot .....
From ..... feet to ..... feet Number of perfs per linear foot .....
From ..... feet to ..... feet Number of perfs per linear foot .....
From ..... feet to ..... feet Number of perfs per linear foot .....
From ..... feet to ..... feet Number of perfs per linear foot .....

8. WELL PLUGGING MATERIALS
Material Used

From **0** feet to **144** feet **Neat Cement** ☒ Pumped ☐ Poured
From ..... feet to ..... feet ..... ☐ Pumped ☐ Poured
From ..... feet to ..... feet ..... ☐ Pumped ☐ Poured
From ..... feet to ..... feet ..... ☐ Pumped ☐ Poured
From ..... feet to ..... feet ..... ☐ Pumped ☐ Poured
From ..... feet to ..... feet ..... ☐ Pumped ☐ Poured

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

Date Started **12/9/08**
Date Completed **12/10/08**

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 **12/10/2008**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

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