

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



OFFICE USE ONLY **108303**

Log No. _____
Permit No. **691**
Basin _____

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.348. NOTICE OF INTENT NO. **63674**

1. OWNER **Steve Bridges**
MAILING ADDRESS **3305 Mario Rd.
Reno NV. 89523**
ADDRESS AT WELL LOCATION **533 Crystal Peak Rd.
Verdi**
Subdivision Name: _____ County: **Washoe**

2. LOCATION **NE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec18T19N/ R 18e**
PERMIT/WAIVER NO. _____ Parcel No. **038-081-09**
Latitude **39.51267** UTM E _____ NAD 27
Longitude **119.99467** 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? **63673**
Is there an existing well log? Yes No
If yes, what is NDWR well log #? _____

4. EXISTING WELL CONSTRUCTION
Depth Drilled **85 Feet** Depth Cased **85 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	85

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**

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

From **0** feet to **85** 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 _____

5. WATER LEVEL
Static water level: **28** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

8. WELL PLUGGING MATERIALS
Material Used
From **0** feet to **20** feet **Cement** Pumped Poured
Bentonit
From **20** feet to **85** feet Pumped Poured
From _____ feet to _____ feet Pumped Poured

6. Additional Notes or Comments

Washoe Permit WL090032
RECEIVED
2009 MAY -7 PM 12: 12
STATE ENGINEERS OFFICE
See Replacement Log 108305
Replacement NOI
63673

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout **20** % bentonite
Date Started **4/15/09**
Date Completed **4/15/09**

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 **4/15/09**