

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

OFFICE USE ONLY 108789

Log No. _____
Permit No. _____
Basin 1087

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. **64441**

1. OWNER **Billy & Ann Britt** ADDRESS AT WELL LOCATION **560 Mark Way**
MAILING ADDRESS **560 Mark Way** **Carson City**
Carson City NV. 89706 **Subdivision Name:** _____ **County:** **Carson**

2. LOCATION **SE 1/4 NW 1/4 Sec 5 T15N R20E** Latitude **39.19664** UTM E NAD 27
PERMIT/WAIVER NO. **008-112-07** Longitude **119.76044** 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 #? **37327**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **180** Feet Depth Cased **180** Feet
EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	+2	180

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: _____

Existing Perforations:
Type of perforation **Factory**
Size of perforation **3/32 x 3**

From	feet to	feet
160		180

Type of perforator used: **Mills Knife**

From	feet to	feet	Number of perfs per linear foot
50		160	4

5. WATER LEVEL
Static water level: **60** feet below land surface
Artesian flow: **35** G.P.M. P.S.I.
Water Temperature: **cold** °F Quality _____

8. WELL PLUGGING MATERIALS

Material Used	From	feet to	feet	
Neat Cement	0		180	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **7-31-09**
Date Completed **7-31-09**

6. Additional Notes or Comments

Carson City Permit 090000600

*39.196730°N
119.759425°W
NAD 27 TA*

2009 JUL 19 09:11:04

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 **7-31-09**