

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

OFFICE USE ONLY **108881**

Log No. _____
Permit No. _____
Basin **237**

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. **64428**

1. OWNER **Dung & LY Truong** ADDRESS AT WELL LOCATION **4510 Lakeside Dr. Reno**
MAILING ADDRESS **1300E Fifth St Carson City NV, 89701** Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW¼SW¼ Sec25T19N/ R19E** Latitude **39.48334** UTM E NAD 27
PERMIT/WAIVER NO. _____ Parcel No. **024-101-48** Longitude **119.80728** 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? _____
Is there an existing well log? Yes No
If yes, what is NDWR well log #? _____

4. EXISTING WELL CONSTRUCTION
Depth Drilled **50 Feet** Depth Cased **50 Feet**

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12	.188	-2	50

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

5. WATER LEVEL
Static water level: **20** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

6. Additional Notes or Comments
Washoe Permit WL 090059

39.483429°N
119.806256°W
NAD 27
(TA)

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**
From **-2** feet to **50** 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 _____
From _____ feet to _____ feet Number of perfs per linear foot _____

8. WELL PLUGGING MATERIALS

Material Used
Neat cement Pumped Poured
From **-2** feet to **50** feet Pumped Poured
From _____ feet to _____ feet Pumped Poured
Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout _____ % bentonite

Date Started **6/25/09**
Date Completed **6/25/09**

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.**

Address **1600 Mt. Rose Hwy**
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 **6/25/09**