

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

OFFICE USE ONLY 108882

Log No. _____
Permit No. _____
Basin 87

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. **63681**

1. OWNER **Kent & Pat Phillips**
MAILING ADDRESS **8490 Holiday Ln.**
Reno

ADDRESS AT WELL LOCATION **8490 Holiday Ln.**
Reno
Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW¼SW¼ Sec1T18N/ R19E**
PERMIT/WAIVER NO. **40-632-04**
Issued by Water Resources Parcel No. _____

Latitude **39.44992** UTM E _____ NAD 27
Longitude **119.80460** 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 **144** Feet Depth Cased **144** Feet

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: _____

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.00	.188	0	144

Was the well contaminated? Yes No
Was the casing pulled? Yes No
Was the casing over drilled? Yes No

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 _____	feet to _____	feet

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used: **Mills Knife**

From 50	feet to 120	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 _____

5. WATER LEVEL
Static water level: **39** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

8. WELL PLUGGING MATERIALS

6. Additional Notes or Comments
Washoe Permit WL0900046

Material Used

From 0	feet to 20	feet	Neat cement	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
From 20	feet to 144	feet	Bentonit e	<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

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout **20** % bentonite

Date Started **7-2-09**
Date Completed **7-2-09**

39.450009°N
119.803577°W
NAD 27
(TA)

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. MacKay*

By driller performing actual drilling on site or contractor

Date **7-6-09**