

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

OFFICE USE ONLY **109084**
Log No. _____
Permit No. _____
Basin **162**

**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. **64709**

1 OWNER **SILVER SPRINGS MOBILE HOME PARK** ADDRESS AT WELL LOCATION **4515 HWY 50 E**
MAILING ADDRESS **4515 HWY 50 E** **SILVER SPRINGS NV, 89429**
SE SILVER SPRINGS NV, 89429 Subdivision Name: _____ County: **Lyon**

2 LOCATION **SW 1/4 SE 1/4 Sec 28 T 18N N/S R 24 E** Latitude **39.39051°N** UTM E NAD 27
PERMIT/WAIVER No. **SW** **018-341-97** Longitude **119.29818°W** 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? **NO** Is there an existing well log? _____
If yes, what is replacement well NOI? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

Depth Drilled **186 Feet** Depth Cased **186 Feet**

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+2	186

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

Existing Perforations:

Type of perforation	MILL SLOT
Size of perforation	3 X 3/32
From 160 feet to 180 feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

Additional Perforations:

Type of perforater used:	MILLS KNIFE
From 110 feet to 160 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 **DRY** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature **N/A** °F Quality

8 WELL PLUGGING MATERIALS

Material Used	
From 0 feet to 186 feet	NEAT CEMENT <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
From _____ feet to _____ feet	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

6 Additional Notes or Comments

Pumped 3yds Cement Neat

39.390594°N

119.297182°W

NAD 83 (12)

RECEIVED

STATE ENGINEERS OFFICE

2009 NOV 3 AM 10:57

LS-0111V-3-AON-6002

Neat Cement Fluid Weight **94/4** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **10/30/2009**
Date Completed **10/30/2009**

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 **CAPITAL CITY WELL DRILLING AND PUMP SERVICE INC.**
Contractor

Address **# 20 KIT KAT DRIVE**
Contractor

CARSON CITY, NV 89706

Nevada contractor's license number **0055548**
issued by the State Contractor's Board

Nevada driller's license number issued by the **1905**
Division of Water Resources, the on-site driller

Signed **[Signature]**
by driller performing actual drilling on site or contractor

Date **11/02/2009**