

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

OFFICE USE ONLY **109085**  
Log No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Basin **142**

**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**  
MAILING ADDRESS **4515 HWY 50 E**  
**SE SILVER SPRINGS NV, 89429**

ADDRESS AT WELL LOCATION **4515 HWY 50 E**  
**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**  
PERMIT/WAIVER No. **SW 018-341-92**  
Issued by Water Resources Parcel No.

Latitude **39.39117°N** UTM E  NAD 27  
Longitude **119.29879°W** 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? **NO**  
If yes, what is replacement well NOI? \_\_\_\_\_  
Is there an existing well log? **NO**  
If yes, what is NDWR well log #? \_\_\_\_\_

4 EXISTING WELL CONSTRUCTION  
Depth Drilled **312 Feet** Depth Cased **312 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)
8 5/8	15.64	.188	+2	312

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 260 feet to 312 feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

Additional Perforations:

Type of perforator used: **MILLS KNIFE**

From	feet to	feet	Number of perfs per linear foot
From 170	feet to 268	feet	6
From _____	feet to _____	feet	
From _____	feet to _____	feet	
From _____	feet to _____	feet	
From _____	feet to _____	feet	
From _____	feet to _____	feet	

5 WATER LEVEL  
Static water level **238** feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. P.S.I.  
Water temperature **COLD** °F Quality **GOOD**

8 WELL PLUGGING MATERIALS

6 Additional Notes or Comments

**pumped 6.75 yrd Neat Cement**

**39.391254°N**

**119.297792°W**

**NAD 27 (TA)**

**STATE ENGINEERS OFFICE**  
**2009 NOV 3 - AM 10:57**

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From 0	feet to 312	feet	NEAT CEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet		<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet		<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet		<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet		<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet		<input type="checkbox"/>	<input type="checkbox"/>

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  
Issued by the State Contractor's Board **0055548**  
Nevada driller's license number issued by the  
Division of Water Resources, the on-site driller **1905**  
Signed **[Signature]**  
By driller performing actual drilling on site or contractor  
Date **11/02/2009**