

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

OFFICE USE ONLY 109831

Log No. _____
Permit No. _____
Basin 765

**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. 45317

1 OWNER Minden Gardnerville Sanitation District
MAILING ADDRESS 1790 Hwy 395
Minden, NV 89423

ADDRESS AT WELL LOCATION 1790 Hwy 395
Minden, NV 89423
Subdivision Name: WWTP County: Douglas

2 LOCATION NE ¼ NW ¼ Sec 30 T 13N R 20 E
PERMIT/WAIVER No. DEW-75 1320-30-101-001
Issued by Water Resources Parcel No.

Latitude N 38 57.897 UTM E NAD 27
Longitude W 119 46.845 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? yes
If yes, what is NDWR well log #? 109830

4 EXISTING WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 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	6	3/8	0	30

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	Size of perforation	From	feet to	To	feet
machine slot	0.032	From	10	feet to	30
		From		feet to	
		From		feet to	
		From		feet to	
		From		feet to	

Additional Perforations:

Type of perforator used:	From	feet to	feet	Number of perfs per linear foot
	From			

5 WATER LEVEL
Static water level 7 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From	0	feet to	10	feet concrete grout	<input type="checkbox"/> Pumped <input checked="" 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

Well #2

N38.965050
W 119.779753 NAD27

STATE ENGINEERS OFFICE
60-11149 01-330 2008 DEC 10 AM 11:09

Neat Cement Fluid Weight 94/7 lbs/gal
Bentonite Grout _____ % bentonite
Date Started 12/1/2008
Date Completed 12/1/2008

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 Viking Drillers Inc.
Contractor
Address 801 Northport Dr.
Contractor
West Sacramento, CA 95691

Nevada contractor's license number _____
issued by the State Contractor's Board 0034680

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller M-2090

Signed _____
By driller performing special drilling on site or contractor
Date 12/5/08