

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

OFFICE USE ONLY 110001
Log No. _____
Permit No. _____
Basin 704

**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. 64717

1 OWNER **DAVE FOX**
MAILING ADDRESS **1430 KOONTZ LN
CARSON CITY, NV 89701**

ADDRESS AT WELL LOCATION **1430 KOONTZ LN
CARSON CITY, NV 89701**
Subdivision Name: _____ County: Carson

2 LOCATION **NE 1/4 SW 1/4 Sec 29 T 15N N/S R 20 E**
PERMIT/WAIVER No. **009-331-14**
Issued by Water Resources Parcel No.

Latitude **39.13420°N** UTM E NAD 27
Longitude **119.75283°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**
Is there an existing well log? **YES**
If yes, what is NDWR well log #? **8095**

4 EXISTING WELL CONSTRUCTION
Depth Drilled **96** Feet Depth Cased **96** Feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.03	.188	+1	96

If well was not cleaned out to total depth, please explain why: **Well casing is collapsed @ 74'. Tagged bottom of well @ 85'. Couldn't get knife past 73'**

Existing Perforations:

Type of perforation	MILL SLOT
Size of perforation	3X3/32
From <u>76</u> feet to <u>96</u> feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	
From _____ feet to _____ feet	

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 <u>10'</u> feet to <u>72'</u> feet	Number of perfs per linear foot <u>4</u>
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 **61** feet below land surface
Artesian flow _____ G.P.M. P.S.I.
Water temperature **N/A** °F Quality **POOR**

8 WELL PLUGGING MATERIALS

8 Additional Notes or Comments

From	Material Used		
From <u>0</u> feet to <u>85</u> 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

TREMIED 2 PVC TO BOTTOM OF WELL TO 85'. PUMPED FULL OF NEAT CEMENT TO SYRFACE.

Neat Cement Fluid Weight **94/4** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **20-Jan**
Date Completed **01/20/2010**

39.134303°N
119.751831°W
NAD 27

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.**
Address **# 20 KIT KAT DRIVE
CARSON CITY, NV 89706**
Nevada contractor's license number **0055548**
Nevada driller's license number issued by the **1905**
Division of Water Resources, the on-site driller
Signed Michael Black
Date **01/22/2010**

LS-1111 03-1111 0107