

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

OFFICE USE ONLY 110062
Log No. _____
Permit No. _____
Basin 103

**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. 64168

1 OWNER JOEY SBRAGIA
MAILING ADDRESS 650 PIKE ST
DAYTON NV 89403

ADDRESS AT WELL LOCATION 75 SILVER ST
DAYTON NV 89403
Subdivision Name: _____ County: Lyon

2 LOCATION NW 1/4 NW 1/4 Sec 23 T 16N N/S R 21 E
PERMIT/WAIVER No. 006-074-02
Issued by Water Resources Parcel No.

Latitude 39.23560°N UTM E NAD 27
Longitude 119.59051°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? _____
If yes, what is replacement well NO? _____
Is there an existing well log? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 36 Feet Depth Cased 36 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	.13.03	.156	0	19

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: WAIVED PER-RYAN CLARK

From	feet to	feet	Number of perfs per linear foot

Existing Perforations:
Type of perforation N/A
Size of perforation _____

From	feet to	feet

5 WATER LEVEL
Static water level 18 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 checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
0	feet to	19	NEAT CEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>
	feet to			<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments
Casing was in a vault 18' down. Pulled out pump, cleaned out debris around well, placed trimmie down to bottom and pumped full of neat cement

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout 94/4 % bentonite
Date Started 04/16/2009
Date Completed 04/30/2009

2009 MAY 19 AM 10:53
 STATE ENGINEER'S OFFICE

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 Michael H. Beck
By driller performing actual drilling on site or contractor
Date 05/13/2009

39.2360°N NAD27 O.D.
119.5905°W