

FINALIZED
MH

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

OFFICE USE ONLY
Log No. 110428
Permit No.
Basin 288

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. 64834

1. OWNER **Jeffery & Katania Taylor** ADDRESS AT WELL LOCATION **5495 Wildwood Dr.**
MAILING ADDRESS **5495 Wildwood Dr.** **Reno, NV 89511**

Reno, NV 89511

Subdivision Name: **Galena Terrace** County: **Washoe**
Est #1

2. LOCATION **NE 1/4 NW 1/4 Sec 2 T17N R19E** Latitude **39.37327** UTM E NAD 27
PERMIT/WAIVER NO. **045-542-20** Longitude **119.82205** 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? Yes No
If yes, what is replacement well NOI?
Is there an existing well log? Yes No
If yes, what is NDWR well log #? **19738**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **180** Feet Depth Cased **180** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	180

Existing Perforations:
Type of perforation **Factory**
Size of perforation **1/32 x 3**
From **160** feet to **180** feet
From _____ feet to _____ 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:

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 perforater used:
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 _____
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: **174** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cool** °F Quality _____

8. WELL PLUGGING MATERIALS

Material Used

From	feet to	feet	Material	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 176	feet to 2	feet	cement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____	feet to _____	feet	grout	<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 **15** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **01/29/10**
Date Completed **01/29/10**

6. Additional Notes or Comments
Washoe Count Permit #WL090134

GPS NAD-27
39.373360° N
119.821028° W

20070317 11:24

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 **Bruce MacKay Pump & Well Service, Inc.**
(CONTRACTOR)

Address **1600 Mt Rose Hwy.**
(CONTRACTOR)

Reno, NV 89511

Nevada contractor's license number issued by the State Contractor's Board **23096**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2159**

Signed **R. Bruce MacKay**
By driller performing actual drilling on site or contractor

Date **01/29/10**