

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

OFFICE USE ONLY **110790**
Log No.
Permit No.
Basin **φ 9.1**

FINALIZED MH
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. **65425**

1. OWNER **Jeff Sepahpour**
MAILING ADDRESS **P.O Box 104**
Verdi, NV 89439

ADDRESS AT WELL LOCATION **449 Bridge St.**
Verdi, NV 89439
Subdivision Name: **Verdi Lake EST.** County: **Washoe**

2. LOCATION **SE 1/4 SE 1/4 Sec 7 T19N/ R18E**
Latitude **39.52308** UTM E NAD 27
PERMIT/WAIVER NO. **38-045-28** Longitude **119.99319** 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 #? **25154**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **125 Feet** Depth Cased **125 Feet**

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	.188	0	125

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:
The well collapsed in may of 09'.

Was the well contaminated? Yes No
Was the casing pulled? Yes No
Was the casing over drilled? Yes No

Existing Perforations:
Type of perforation **Factory**
Size of perforation **3/32 X 2 1/2**

From 105 feet to 125 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used: **mills Knife**

From 90 feet to 45 feet	Number of perfs per linear foot 4
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: **33** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cool** °F Quality _____

8. WELL PLUGGING MATERIALS

From	feet to	Material Used	Method
From 90	feet to 20	crumbles	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
		neat	
From 20	feet to 0	cement	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____		<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____		<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____		<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
From _____	feet to _____		<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

6. Additional Notes or Comments
Washoe County permit# WL090053

In May of 09' the well collapsed and stuck the pump and some wire. The well was is limited use until the new well could be drilled.

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout **20** % bentonite
Date Started **04/05/10**
Date Completed **04/05/10**

GPS NAD 27
39.523171° N
119.992156° W

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.**
Address **1600 Mt Rose Hwy.**
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 **1790**
Signed **R. Bruce MacKay**
By driller performing actual drilling on site or contractor
Date **04/05/10**

STATE ENGINEERS OFFICE
2010 APR - 7 AM 11:01
RECEIVED