

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

OFFICE USE ONLY  
Log No. 111449  
Permit No. 138  
Basin

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. 65435

1. OWNER **Baye & Jim Sloane** ADDRESS AT WELL LOCATION **0 Callahan Rd**  
MAILING ADDRESS **16195 Clarence Jasmine Dr.** **Reno NV, 89511**  
Subdivision Name: County: **Washoe**

2. LOCATION **NW¼NE¼ Sec11T17N/ R19E** Latitude **39.35777** UTM E  NAD 27  
PERMIT/WAIVER NO. **DOM10-007** Parcel No. **148-291-16** Longitude **119.81463** N  NAD 83/WGS 84

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled?  Yes  No  
 Domestic  Irrigation  Test  Municipal/Industrial  Monitor  Stock  
If yes, what is replacement well NOI? **DOM10-007** If yes, what is NDWR well log #?

4. EXISTING WELL CONSTRUCTION  
Depth Drilled **80 Feet** Depth Cased **80 Feet**

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
			0	80

Existing Perforations:  
Type of perforation \_\_\_\_\_  
Size of perforation \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

5. WATER LEVEL  
Static water level: **DRY** feet below land surface  
Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: \_\_\_\_\_ °F Quality \_\_\_\_\_

6. Additional Notes or Comments  
**39.357, 860°N NAD27 D.D.**  
**119.813, 609°W**

Washoe County Permit # **WL00019**

See replacement log # 111448  
\* original well log unknown

STATE ENGINEERS OFFICE  
2010 JUN -2 AM 11:15  
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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 perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet Number of perms per linear foot \_\_\_\_\_

8. WELL PLUGGING MATERIALS

Material Used

Material	From	To	Weight	Notes
<b>ceme</b>				
<b>nt</b>	0	80	15 lbs/gal	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Bentonite Grout			% bentonite	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Neat Cement Fluid Weight **15** lbs/gal  
Bentonite Grout % bentonite  
Date Started **5-28-10**  
Date Completed **5-28-10**

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 **1790**

Signed **R. Bruce MacKay**  
By driller performing actual drilling on site or contractor  
Date **5-28-10**