

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

OFFICE USE ONLY
Log No. 112043
Permit No. 689
Basin 689

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. 66218

1. OWNER **Ellen McAndrews** ADDRESS AT WELL LOCATION **3045 Chipmunk Dr.**
MAILING ADDRESS **3045 Chipmunk Dr.** **Washoe Valley, NV 89704**
Washoe Valley, NV 89704 **Subdivision Name: New Washoe** **County: Washoe**

2. LOCATION **SE 1/4 NE 1/4 Sec 31 T17N R20E** Latitude **39.29556** UTM E NAD 27
PERMIT/WAIVER NO. **050-384-07** Longitude **119.77184** 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? **66217**
Is there an existing well log? Yes No
If yes, what is NDWR well log #? **13090**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **135** Feet Depth Cased **135** Feet

EXISTING CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 5 9/16 | 12.50 | 5/32 | 0 | 135 |
| | | | | |
| | | | | |

Existing Perforations:
Type of perforation **Factory**
Size of perforation **3/16**
From **110** feet to **130** feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **114** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **cool** °F Quality _____

6. Additional Notes or Comments
Washoe County Permit # WL100049
replacement well drilled under log # 112041
39.295649° N NAD27
119.770822° W
205 OCT -5 AM 10:28
STATE ENGINEER

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 perforator used: **Mills Knife**

| | |
|---------------------------------------|--|
| From 110 feet to 0 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 _____ |

8. WELL PLUGGING MATERIALS
Material Used

| From | To | Material | Method |
|---------------------------------------|--------------|--|---------------------------------|
| From 130 feet to 0 feet | grout | <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 |

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout **20** % bentonite

Date Started **9-2-10**
Date Completed **9-2-10**

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 **2326**

Signed *R. Bruce MacKay*
By driller performing actual drilling on site or contractor
Date **9-3-10**

MMH-F