

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

112393
OFFICE USE ONLY
Log No. _____
Permit No. _____
Basin 089

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. 64434

1. OWNER **Robert Roth**
MAILING ADDRESS **1976 Eastlake Blvd**
Washoe Valley, NV 89704

ADDRESS AT WELL LOCATION **1975 Eastlake Blvd**
Washoe Vly, NV 89704

Subdivision Name: _____ County: **Washoe**

2. LOCATION **NE1/4NW1/4 Sec31T17N/ R20E**
Latitude **39.30131** UTM E _____ NAD 27
Longitude **119.78214** N _____ NAD 83/WGS 84

PERMIT/WAIVER NO. _____ Parcel No. _____
Issued by Water Resources

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? **64433**

Is there an existing well log? Yes No
If yes, what is NDWR well log #? **NONE**

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)
6 5/8	12.92	.188	0	80

Existing Perforations:
Type of perforation **Factory**
Size of perforation

From 60 feet to 80 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ 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 perforator used: **Mills Knife**

From 80 feet to 50 feet	Number of perms per linear foot 4
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 _____

5. WATER LEVEL

Static water level: **75** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.

Water Temperature: **cold** °F Quality **Not Tested**

8. WELL PLUGGING MATERIALS

Material Used

From	To	Material	Pumped	Poured
From 80 feet to 20 feet	8	Bentonit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From 20 feet to 0 feet	Neat	Neat	<input checked="" 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 **20** % bentonite

Date Started **8-13-2009**
Date Completed **8-13-2009**

6. Additional Notes or Comments

Washoe Co Permit #WL090065

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 **923**

Signed R. Bruce MacKay
By driller performing actual drilling on site or contractor
Date **8-13-2009**

NAD-27 GPS
39.301400 °N
119.781122 °W

STATE ENGINEER
NOV 30 2010

Replacement Well under
Log 108812