

Vapor Monitoring Well - VM-7

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

OFFICE USE ONLY
Log No. 113044
Permit No. _____
Basin φ 87

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. 66325

1 OWNER Nevada Air National Guard ADDRESS AT WELL LOCATION 152nd Air Filt Wing
MAILING ADDRESS 4581/4702 3500 Fletcher Ave Nevada Air National Guard, Reno NV
Joint Base Andrews, MD 20702 Subdivision Name: _____ County: _____

2 LOCATION SE 1/4 NE 1/4 Sec 19 T 19 N R 20 E Latitude _____ Longitude _____ UTM E _____ N _____ NAD 27 NAD 83/WGS 84
PERMIT/WAIVER No. 015-210-34 Parcel No. _____

3 Extraction TYPE OF WELL Air Source Is this well being plugged because a replacement well was drilled? NO Is there an existing well log? _____
 Domestic Soil Vapor Irrigation Test
 Municipal/Industrial Monitor Stock If yes, what is replacement well NO? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

Depth Drilled 8 Feet Depth Cased 8 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/2</u>		<u>Sched 40</u>	<u>0</u>	<u>8</u>

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:
To limit waste to be disposed

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no

Existing Perforations:

Type of perforation	Size of perforation	From	feet to	feet
<u>slotted</u>	<u>.0200</u>	<u>3</u>	<u>feet to</u>	<u>8</u>

Additional Perforations:

Type of perforator used:	From	feet to	feet	Number of perfs per linear foot

5 WATER LEVEL

Static water level 8 ft feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

8 WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<u>8</u>	<u>feet to</u>	<u>0</u>	<u>Cement</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments

Abandonment Method

- 1.) Jackhammer out well boxes
- 2.) Air Knife to SF BGS
- 3.) Knock out bottom of well
- 4.) Tremie Grout
- 5.) Pressure Grout @ 25 PSI 10 min
- 6.) Pull Casing
- 7.) Top off wells with Cement
- 8.) Concrete Surface Patch

Neat Cement Fluid Weight 9 lbs/gal 5 gallons
Bentonite Grout _____ % bentonite

Date Started September 20th, 2010
Date Completed October 25th, 2010

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 RST Drilling Contractor
Address 220 W East Street Contractor
Woodland, CA 95776

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

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 2422-M

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 9-25-10

(Rev. 05-04)

USE ADDITIONAL SHEETS IF NECESSARY