

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

OFFICE USE ONLY
Log No. 115147
Permit No. _____
Basin 085

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. 67194

1. OWNER **Atlas Contractors** ADDRESS AT WELL LOCATION **0 Wingfield Hills Dr.**
MAILING ADDRESS **1475 Hulda Way** **Sparks, NV 89431**
NE **Sparks, NV 89431** **Subdivision Name:** _____ **County:** **Washoe**

2. LOCATION **NW¼NW¼ Sec11T20N/ R20E** Latitude **N39.62119** UTM E NAD 27
PERMIT/WAIVER NO. _____ Parcel No. **528-010-14** Longitude **W119.70869** N NAD 83/WGS 84
Issued by Water Resources

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? _____ If yes, what is NDWR well log #? _____

4. EXISTING WELL CONSTRUCTION
Depth Drilled **114 Feet** Depth Cased **114 Feet**

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"			0	114

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

Existing Perforations:
Type of perforation _____
Size of perforation _____

From	feet to	feet
From _____	feet to _____	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	feet to	feet	Number of perms per linear foot
From 100	feet to 50	feet	4
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____

5. WATER LEVEL
Static water level: **5** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.

Water Temperature: **cool** °F Quality _____

8. WELL PLUGGING MATERIALS
Material Used

From	feet to	feet	Material	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From 114	feet to 20	feet	es	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From 20	feet to 0	feet	Neat Cement	<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"/>

6. Additional Notes or Comments
The well was pressure grouted from bottom to top with 9 bgs of crumbles & 10 bgs of portland cement.

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

Date Started **11-1-11**
Date Completed **11-1-11**

Washoe County Permit # **WL110051**

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. B. MacKay*
By driller performing actual drilling on site or contractor
Date **11-1-11**

39.621279°N
119.707669°W
NAD 27
Dec 1 Day

STATE ENGINEER
2011 NOV -9 PM 1:12