

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

OFFICE USE ONLY
Log No. 115496
Permit No. _____
Basin 087

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. **69129** ✓

1. OWNER **Ronald & Donna Kollman** ADDRESS AT WELL LOCATION **Same**
MAILING ADDRESS **15990 Rocky Vista Rd**
Reno, NV 89521 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4 SW 1/4 Sec 34 T 18 N S R 20 E** Latitude **39.375727** UTM E NAD 27
PERMIT/WAIVER NO. **017-200-11** Longitude **-119.725820** 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? _____
Is there an existing well log? Yes No
If yes, what is NDWR well log #? _____

4. EXISTING WELL CONSTRUCTION

Depth Drilled **189** Feet Depth Cased **175** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.96	.188	+3	174

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 **N/A**
Size of perforation **N/A**

From	feet to	feet
From 135	feet to 174	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 perfs per linear foot
From 135'	feet to 85'	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: **136** 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	Pumped	Poured
From 189	feet to 20	feet	Chip/Crm	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From 20	feet to 0	feet	Neat C	<input type="checkbox"/>	<input checked="" 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 **15.0** lbs/gal
Bentonite Grout **>30** % bentonite

Date Started **8/14/12**
Date Completed **8/14/12**

6. Additional Notes or Comments

Washoe County Permit #WL110031

Original Well Log unknown

RECEIVED
2012 AUG 27 PM 1:05
STATE ENGINEERS OFFICE

*39.375816° N NAD 27
119.724802° W*

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 **8/15/12**