

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

OFFICE USE ONLY
Log No. 115974
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. 69146

1. OWNER **Bob & Tamaree Weigl**
MAILING ADDRESS **375 Zolezzi**
Reno, NV 89511

ADDRESS AT WELL LOCATION **375 Zolezzi**
Reno, NV 89511

Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW¼SE¼ Sec17T18N / R20E**

Latitude **39.419080** UTM E NAD 27

PERMIT/WAIVER NO. **Dom12-09** **044-320-19**
Issued by Water Resources Parcel No.

Longitude **119.760883** N NAD 83/WGS 84

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? 69145
Is there an existing well log? Yes No
If yes, what is NDWR well log #?

4. EXISTING WELL CONSTRUCTION
Depth Drilled **47** Feet Depth Cased **47** 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:

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	47

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

If casing was left in place, please show where additional perforations were made:
Additional Perforations:

Type of perforator used: **None**
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 _____
From _____ feet to _____ feet Number of perfs per linear foot _____

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

8. WELL PLUGGING MATERIALS

6. Additional Notes or Comments
This well has been dry for some 8 months. Owner had a new well drilled and we abandoned this well by pouring cement into the well and filling to the top. The well was located in a building with no access to the well.

Material Used			
From 0 feet to 46 feet	Cement	<input type="checkbox"/> Pumped	<input checked="" 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

Washoe Co. Permit WL120050

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started **11-21-12**
Date Completed **11-21-12**

RECEIVED
NOV 29 PM 12:11
STATE ENGINEERS OFFICE

9. DRILLER'S CERTIFICATION

39.419169 °N
119.759863 °W
NAD27

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 **11-21-12**

(Rev 05-08)

USE ADDITIONAL SHEETS IF NECESSARY