

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

OFFICE USE ONLY
Log No. 116468
Permit No. 56403
Basin 076

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. **69119**

1. OWNER **City of Fernley** ADDRESS AT WELL LOCATION **355 Cottonwood Fernley, NV 89408**
MAILING ADDRESS **595 Silver Lace Blvd Fernley, NV 89408** Subdivision Name: _____ County: **Lyon**

2. LOCATION **NW¼NW¼ Sec24T20N / R24E** Latitude **39.59172** UTM E NAD 27
PERMIT/WAIVER NO. ⁵⁶⁴⁰³ ~~22204-27437~~ **021-171-36** Longitude **-119.24565** 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 #? **19446**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **220** Feet Depth Cased **220** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8"	17.4	.156	0	220

Existing Perforations:
Type of perforation ? _____
Size of perforation **3/32" X 3"**
From **150** feet to **220** 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 **115** feet to **150** 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: **164** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **?** °F Quality **Not tested**

8. WELL PLUGGING MATERIALS

From	feet to	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From 20	feet to 220	Bntonite	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
From 0	feet to 20	Neat	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight **15.0** lbs/gal
Bentonite Grout **>30** % bentonite

Date Started **6-13-12**
Date Completed **6-14-12**

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 **6-18-12**

39.591807°N
119.244649°W
NA027

STATE ENGINEERS OFFICE
2012 JUL -3 AM 11:31

RECEIVED

USE ADDITIONAL SHEETS IF NECESSARY

(Rev 05-06)