

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

OFFICE USE ONLY
Log No. 117494
Permit No. _____
Basin 104

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. 70599

1. OWNER **Before Property Restoration** ADDRESS AT WELL LOCATION **4689 Silver Sage**
MAILING ADDRESS **50 Artisan Means Way, Suite B** **Carson City NV 89706**
Reno NV 89511 Subdivision Name: _____ County: **Carson**

2. LOCATION **NE 1/4 NW 1/4 Sec 32 T 15 / R 37 E** Latitude **39.125142** UTM E NAD 27
PERMIT/WAIVER NO. **009-178-08** Longitude **-119.763321** N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled? Yes No Is there an existing well log? 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 **52** Feet Depth Cased **52** Feet

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.95	.188	0	52

Existing Perforations:
Type of perforation Unknown
Size of perforation Unknown
From _____ feet to _____ feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **Dry** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **?** °F Quality **Not tested**

6. Additional Notes or Comments
We abandoned this well by removing the equipment from the well, lowering the casing below grade and pouring a 12 sack sand slurry cement grout from 52' to surface. The well was being abandoned due to no water in the well.

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 perforater used: **None**
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 _____
From _____ feet to _____ feet Number of perms per linear foot _____

8. WELL PLUGGING MATERIALS
Material Used

From **52** feet to **0** feet **12 Sack** Pumped Poured
From _____ feet to _____ feet Pumped Poured

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

Date Started **7-18-13**
Date Completed **7-18-13**

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 **7-24-13**

RECEIVED
2013 AUG 16 PM 1:10
STATE ENGINEERS OFFICE

NAD27
39.125233°N
119.762305°W

Plugs unknown well log

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY