

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

OFFICE USE ONLY
Log No. 119292
Permit No. _____
Basin 19

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. 68833

1 OWNER Department of the Navy
MAILING ADDRESS 4755 Pasture Rd., Fallon, NV

ADDRESS AT WELL LOCATION
500' north of the siren tower 300' south of the Delta runway

2 LOCATION NE 1/4 SE 1/4 Sec 22 T 18N N/S R 28 E
PERMIT/WAIVER No. 1006-011-01
Issued by Water Resources Parcel No.

Subdivision Name: NS-UK-BSI-37 County: Churchill
Latitude 39 24 30.37 N UTM E NAD 27
Longitude -118. 42 26.18 W 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? No
If yes, what is replacement well NO? _____
Is there an existing well log? NA
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

| Depth Drilled | Feet | Depth Cased | 2 | Feet |
|---------------|------|-------------|---|------|
| | | | | |

EXISTING CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 1/2 | | Sch. 40 | 0 | 2 |
| | | | | |
| | | | | |

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:
Bottom of the well was tagged
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: none

| From | feet to | feet | Number of perfs per linear foot |
|------|---------|------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Existing Perforations:

| Type of perforation | Size of perforation | From | feet to | feet |
|---------------------|---------------------|------|---------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5 WATER LEVEL
Static water level NA 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 | Neat | <input type="checkbox"/> Pumpe | <input checked="" type="checkbox"/> Poured |
|------|---------|------|---------------|------|--------------------------------|--|
| 0 | 2 | 2 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Neat Cement Fluid Weight 1/2 gal lbs/gal
Bentonite Grout _____ % bentonite

Date Started 1/20/2014
Date Completed 1/20/2014

6 Additional Notes or Comments
completion was pulled and filled with native soil
plugs unknown well log
Neat 25
39.40 8518 N
118.266 2910 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 National EWP Contractor
Address 500 Main St. Woodland, CA 95695 Contractor
Nevada contractor's license number issued by the State Contractor's Board 0075355
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2111
Signed Juan Whitley By driller performing actual drilling on site or contractor
Date 1-27-14

USE ADDITIONAL SHEETS IF NECESSARY