

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

OFFICE USE ONLY
Log No. 119405
Permit No. _____
Basin 101

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. 68839

1 OWNER Department of the Navy ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 4755 Pasture Rd., Fallon, NV 350' NW of the end of B St.
Subdivision Name: P2-56-10-A County: Churchill
2 LOCATION NW 1/4 SW 1/4 Sec 23 T 18N N/S/R 22 E Latitude 39 24. 28.92 N UTM E NAD 27
PERMIT/WAIVER No. 006-6611-01 Longitude 118 42 23.92 W 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? No
Is there an existing well log? NA
If yes, what is replacement well NO? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	1	Feet

EXISTING CASING SCHEDULE

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

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

Existing Perforations:

Type of perforation	Size of perforation	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

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	Neat
0	1	1		<input checked="" type="checkbox"/> Pumpe	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
				<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6 Additional Notes or Comments
completion was pulled and filled with native soil
plugs well log unknown
Jan 27
39 44 14 N
118 42 23.92 W

Neat Cement Fluid Weight 2 gal lbs/gal
Bentonite Grout _____ % bentonite
Date Started 1/21/2014
Date Completed 1/21/2014

RECEIVED
DIVISION OF WATER RESOURCES
FALLON, NEVADA

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 [Signature] By driller performing actual drilling on site or contractor
Date 1-27-14