

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

OFFICE USE ONLY
Log No. 14468
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. 68840

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

ADDRESS AT WELL LOCATION West of hanger tarmac 1/4 mile on N. side of road
Subdivision Name: PZ - 1-03 County: Churchill

2 LOCATION SE 1/4 NE 1/4 Sec 22 T 18N N/S R 26 E
PERMIT/WAIVER No. 606-611-01
Issued by Water Resources Parcel No.

Latitude 39 24 35.34 N UTM E NAD 27
Longitude -118 42 37.60 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
Is there an existing well log? NA
If yes, what is replacement well NOI? _____
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased 6 Feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no

EXISTING CASING SCHEDULE

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

If well was not cleaned out to total depth, please explain why:
the bottom of 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:	From	feet to	feet	Number of perfs per linear foot
<u>none</u>				

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
was grouted to surface and completion were pulled
plugs unknown well log
7/15/2014
39.428948 N
118.70941035 W

2014-07-15
2:00 PM
DRILLER'S OFFICE

Material Used

From	feet to	feet	Material	Quantity
0	6	6	Neat	<input type="checkbox"/> Pumpe <input checked="" 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

Neat Cement Fluid Weight 3 gal lbs/gal
Bentonite Grout _____ % bentonite
Date Started 1/15/2014
Date Completed 1/15/2014

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 _____
Date 1-27-14
Driller performing actual drilling on site or contractor

(Rev. 05-00)

USE ADDITIONAL SHEETS IF NECESSARY