

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

OFFICE USE ONLY
Log No. 120225
Permit No. _____
Basin 086

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. **71196**

1. OWNER **Joe Garcia**
MAILING ADDRESS **6035 Wintergreen Ct**
NE NW **Reno, NV 89511**

ADDRESS AT WELL LOCATION **Same**
Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW 1/4 NW 1/4 Sec 2 T 17 N R 19 E**
PERMIT/WAIVER NO. 3 **045-543-09**
Issued by Water Resources Parcel No. _____

Latitude **39.374306** UTM E _____ NAD 27
Longitude **-119.825745** 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? Yes No
If yes, what is replacement well NOI? _____
Is there an existing well log? Yes No
If yes, what is NDWR well log #? 116610

4. EXISTING WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased _____ 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: _____

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8			0	200

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: _____

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

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

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
Material Used
From **0** feet to **200** feet **12 Sac** Pumped Poured
From _____ feet to _____ feet Pumped Poured

6. Additional Notes or Comments
Removed equipment and poured 12 sack sand slurry from bottom to surface. Washoe county permit #WL140011

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started **5/15/14**
Date Completed **5/15/14**

*Lat 27
39.374306° N
119.825745° 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 **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 **923**
Signed **R. Bruce Mackay**
By driller performing actual drilling on site or contractor
Date **5/28/14**

plugs well log 116610

(Rev 05-08)

USE ADDITIONAL SHEETS IF NECESSARY