

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

OFFICE USE ONLY
Log No. 120229
Permit No. _____
Basin 088

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. 71195

1. OWNER **Louis Labahn** ADDRESS AT WELL LOCATION **Same**
MAILING ADDRESS **6030 Wintergreen Ct. RNO, NV. 89511** Subdivision Name: _____ County: _____

2. LOCATION **NW¼NW¼ Sec2T17N/R19E** Latitude **39.374785** UTM E NAD 27
PERMIT/WAIVER NO. **045-543-10** Longitude **-119.825942** 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? Yes No
If yes, what is replacement well NOI? _____
Is there an existing well log? Yes No
If yes, what is NDWR well log #? _____

4. EXISTING WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
EXISTING CASING SCHEDULE			
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	To (Feet)
8"			0 200

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: _____

Existing Perforations:

Type of perforation	Size of perforation
From _____	feet to _____ feet
From _____	feet to _____ feet
From _____	feet to _____ feet
From _____	feet to _____ feet
From _____	feet to _____ feet

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
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

From _____ feet to _____ feet	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 0 feet to 200 feet	Cement	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From _____ feet to _____ feet	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From _____ feet to _____ feet	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

6. Additional Notes or Comments
Removed equipment and poured 12 sack sand slurry from bottom to surface.
Plugs unknown layer

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

*Nad 27
39.374785 N
119.824920 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. RNO. NV 89511**
(CONTRACTOR)

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**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY