

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

OFFICE USE ONLY
Log No. 120382
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. 71202

1. OWNER **Bruce Porterfield** ADDRESS AT WELL LOCATION **Same**
MAILING ADDRESS **5495 Goldenrod**
Reno, NV 89511 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SW 1/4 NW 1/4 Sec 2 T 17N / R 19 E** Latitude **39.369545** UTM E _____ NAD 27
PERMIT/WAIVER NO. **045-532-07** Longitude **-119.821983** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled? Yes No
 Domestic Irrigation Test Municipal/Industrial Monitor Stock
If yes, what is replacement well NOI? _____ Is there an existing well log? Yes No
If yes, what is NDWR well log #? **N/A**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **165 Feet** Depth Cased **165 Feet**

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	165

Existing Perforations:
Type of perforation **N/A**
Size of perforation **N/A**
From **145 Est** feet to **165 Est** feet
From _____ feet to _____ 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: _____

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 - Dry Well**
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	Material Used	
From 0 feet to 165 feet	12 Sack	<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
Neat Cement Fluid Weight	15.0	lbs/gal
Bentonite Grout	>30	% bentonite
Date Started	6/5/14	
Date Completed	6/5/14	

6. Additional Notes or Comments
Abandoned this dry well by pouring a 12 sack sand slurry from bottom to surface. Removed the equipment from the well and lowered the casing to 2' below surface.
Washoe County Permit # WL140012
NAD 27
39.369635°N
119.820962°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 **2299**
Signed **R. Bruce MacKay**
By driller performing actual drilling on site or contractor
Date **6/23/14**

2014 JUN 20 11:03:50
STATE ENGINEERS OFFICE

Plugs unknown
well log

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY