

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

OFFICE USE ONLY
Log No. 121733
Permit No. _____
Basin 191

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. 73035

1. OWNER **Dorthy Farren** ADDRESS AT WELL LOCATION **Same**
MAILING ADDRESS **3075 Silver State Dr**
Fallon NV 89406 Subdivision Name: _____ County: **Washoe Churchill**

2. LOCATION **NE 1/4 NE 1/4 Sec 27 T 19N / R 28 E** Latitude **39.487374** UTM E _____ NAD 27
PERMIT/WAIVER NO. _____ Parcel No. _____ Longitude **-118.820924** N _____ NAD 83/WGS 84
Issued by Water Resources

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? 73022 Is there an existing well log? Yes No
If yes, what is NDWR well log #? N/A

4. EXISTING WELL CONSTRUCTION
Depth Drilled **21 Feet** Depth Cased **21 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	21

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: _____

Existing Perforations:
Type of perforation N/A
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Type of perforater 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

Material Used
Neat Cement Pumped Poured
From **0** feet to **21** feet Pumped Poured
From _____ feet to _____ feet Pumped Poured

Neat Cement Fluid Weight **15.0** lbs/gal
Bentonite Grout **>30** % bentonite

6. Additional Notes or Comments
Abandoned this dry well by pouring neat cement from bottom to surface. Removed the casing to 2' below surface.

Date Started **1/31/15**
Date Completed **1/31/15**

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 _____
By driller performing actual drilling on-site or contractor
Date **2/3/15**

NAD 27
39.487457°N
118.819937°W

Plugging Unknown well log