

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

OFFICE USE ONLY
Log No. 122587
Permit No. _____
Basin 087

**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. 71438
WELL NAME (if applicable): _____ Well#1 _____

1 OWNER Washoe County Water Resources
MAILING ADDRESS P.O. BOX 11130 Reno NV 89520

ADDRESS AT WELL LOCATION 8500 Alexander Lake Rd.
Reno, NV 89502

2 LOCATION NE ¼ NW ¼ Sec 4 T 18N N/S R 20 E
PERMIT/WAIVER No. DW-112 R-844 165-011-05
Issued by Water Resources Parcel No.

Subdivision Name: _____ County: Washoe
Latitude 39 27' 33.73"N UTM E NAD 27
Longitude 119 44' 39.18"W N NAD 83/WGS 8

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

Is this well being plugged because a replacement well was drilled? No
If yes, what is replacement well NOI? _____
Is there an existing well log? Yes
If yes, what is NDWR well log #? 122100

4 EXISTING WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 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)
8	6	SCH 40	0	30

If well was not cleaned out to total depth, please explain why: _____
Was the well contaminated? yes no
Was the casing pulled? yes no If pulled from: 0 feet to 30 feet
Was the casing over drilled? yes no

Existing Perforations:
Type of perforation machine slot
Size of perforation 0.032
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
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 perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
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From _____ feet to _____ feet Number of perms per linear foot _____

5 WATER LEVEL
Static water level 5 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

6 Additional Notes or Comments

TYPE OF WELL = Temporary Dewatering
NAD 27
39.459672°N
119.743696°W

8 WELL PLUGGING MATERIALS
Material Used
From 0 feet to 10 feet gravel pack Pumped Poured
From 10 feet to 12 feet bentonite seal Pumped Poured
From 12 feet to 30 feet impact sand gravel Pumped Poured
From _____ feet to _____ feet Pumped Poured
From _____ feet to _____ feet Pumped Poured
From _____ feet to _____ feet Pumped Poured
Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite

Date Started May 29 2015
Date Completed May 29 2015

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 Viking Drillers, Inc Contractor
Address 5950 Granite Lake Dr. Granite Bay CA 95746 Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board 0034680
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller Ed Yaden
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 6/3/2015

Plugging well log 122100

2015 JUN -8 PM RECEIVED
STATE ENGINEERS OFFICE
12361