

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

OFFICE USE ONLY
Log No. 123725
Permit No. _____
Basin 090

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. 73445A

1. OWNER **Nevada Pacific Development Corp.** ADDRESS AT WELL LOCATION **593 Lakeshore Blvd**
MAILING ADDRESS **956 Lakesore Blvd.** **Incline Village, NV 89450**
Incline Village, NV 89450 **Incline Village, NV 89450**
Subdivision Name: _____ County: **Washoe**

2. LOCATION **NE 1/4 SE 1/4 Sec 17 T16N / R18E** Latitude **39.249889** UTM E NAD 27
PERMIT/WAIVER NO. **M/O 1981** **122-100-23** Longitude **-119.97660** 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 #? **122048**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **30** Feet Depth Cased **30** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	Sch 40		0	30

Existing Perforations:
Type of perforation **Factory Slot**
Size of perforation **.020**
From **20** feet to **30** feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **29** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

6. Additional Notes or Comments
Abandoned this well by pouring neat cement to bottom and filled to top.
Well #B-22
Washoe Co. Permit WL1500089

NAD 27
39.248983
119.975577

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:
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 _____
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 _____

8. WELL PLUGGING MATERIALS
Material Used
From **0** feet to **30** feet **Cement** Pumped Poured
From _____ feet to _____ feet Pumped Poured

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

Date Started **9/22/15**
Date Completed **9/22/15**

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.**
Address **1600 Mt. Rose Hwy**
Reno, NV 89511
Nevada contractor's license number issued by the State Contractor's Board **2309**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1790**
Signed **R. Bruce MacKay**
By driller performing actual drilling on site or contractor
Date **9/28/15**

2015 SEP 30 11:10 AM RECEIVED
STATE ENGINEER'S OFFICE

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

Plugging well log
122048