

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

OFFICE USE ONLY
 Log No. 123908
 Permit No. _____
 Basin 0924

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. 73046
73047

1. OWNER **Alston Construction**
 MAILING ADDRESS **730 Sandhill Rd**
SW **Reno NV 89521**

ADDRESS AT WELL LOCATION **9050 Red Rock**
Reno NV 89508
 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4 SW 1/4 Sec 36 T21 N / R18 E**
 PERMIT/WAIVER NO. SE **090-030-33**
Issued by Water Resources Parcel No.

Latitude 39.636199 UTM E NAD 27
 Longitude 119.911332 N NAD 83/WGS 84

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 4 Feet Depth Cased 4 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: _____

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"	12.95	.188	0	4

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 Unknown
 Size of perforation Unknown
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Type of perforator used: **None - See Waiver**
 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 _____

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

8. WELL PLUGGING MATERIALS
 Material Used
 From 0 feet to 4 feet **Cement** Pumped Poured
 From _____ feet to _____ feet Pumped Poured

6. Additional Notes or Comments
Installed tremie pipe to the bottom of Well and pumped cement sand grout from 4' to surface.

Neat Cement Fluid Weight **15.0** lbs/gal
 Bentonite Grout _____ % bentonite
 Date Started **4/29/15**
 Date Completed **4/29/15**

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 **23096**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2299**
 Signed _____
 Date **5/1/15**
 By driller performing actual drilling on site or contractor

Plugging unknown well log

NAD 27
39.636309°N
119.910659°W

Washoe County Permit #WL150001

RECEIVED
 MAY 15 PM 1:58
 STATE ENGINEER'S OFFICE

(Rev 05-08)

USE ADDITIONAL SHEETS IF NECESSARY