

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

OFFICE USE ONLY
Log No. 124144
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. 74019

1. OWNER **Zeb Sharp**
MAILING ADDRESS **999 Tahoe Blvd
Incline Village NV 89451**
ADDRESS AT WELL LOCATION **5300 Tannerwood
Reno NV 89511**
Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW¼NE¼ Sec 2 T 17 /N R 19 E 552-06**
Latitude **39.373648** UTM E NAD 27
PERMIT/WAIVER NO. **045-574-29** Longitude **-119.812853** 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 #? 17865

4. EXISTING WELL CONSTRUCTION
Depth Drilled **168** Feet Depth Cased **168** 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	168

Existing Perforations:
Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

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

6. Additional Notes or Comments
**Poured a 6 sack sand slurry from bottom to surface.
Removed casing to grade.**
Washoe County Permit #WL150098

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 perforater used: **None - Dry**
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 **168** feet **Cement** Pumped Poured
From _____ feet to _____ feet Pumped Poured
Neat Cement Fluid Weight **15.0** lbs/gal
Bentonite Grout **>30** % bentonite
Date Started **11/4/15**
Date Completed **11/4/15**

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 **11/25/15**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

*NAD 27
39.373738
119.811832*

*Plugging well log
17865*