

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

OFFICE USE ONLY  
Log No. 103870  
Permit No. \_\_\_\_\_  
Basin 103

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. **59849**

1. OWNER **Steve Luschar**  
MAILING ADDRESS **7101 Center Dr.**  
**Carson City NV. 89701**  
ADDRESS AT WELL LOCATION **7101 Center Dr.**  
**Carson City**  
Subdivision Name: \_\_\_\_\_ County: **Carson**

2. LOCATION **sw 1/4 ne 1/4 Sec 5 T14N R20E**  
Latitude **39.10502** UTM E  NAD 27  
Longitude **119.76060** N  NAD 83/WGS 84  
PERMIT/WAIVER NO. **009-311-31**  
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? 59848  
Is there an existing well log?  Yes  No  
If yes, what is NDWR well log #? \_\_\_\_\_

4. EXISTING WELL CONSTRUCTION  
Depth Drilled **98** Feet Depth Cased **98** 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	98

Existing Perforations:  
Type of perforation \_\_\_\_\_  
Size of perforation \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ 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: \_\_\_\_\_

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: **Mills Knife**

From	feet to	feet	Number of perfs per linear foot
From <b>48</b>	feet to <b>78</b>	feet	<b>4</b>
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____
From _____	feet to _____	feet	_____

5. WATER LEVEL  
Static water level: **30** feet below land surface  
Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: **Cool** °F Quality **Not tested**

6. Additional Notes or Comments  
**On this date we abandoned a 6"X98' well by perforating with Mills Knife from 78' to 48'. We then pumped 1.5 cubic yards of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top of the well.**

Carson County Permit # 07-574

8. WELL PLUGGING MATERIALS

From	feet to	feet	Material Used	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
From <b>0</b>	feet to <b>98</b>	feet	<b>cement</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	feet	_____	<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight **15** lbs/gal  
Bentonite Grout \_\_\_\_\_ % bentonite

Date Started **6/6/07**  
Date Completed **6/6/07**

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 **2271**

Signed R. Bruce Mackay  
By driller performing actual drilling on site or contractor

Date **6/6/07**

N 39.105122  
W 119.759602 NAD 83

STATE ENGINEERING BOARD  
2007 JUN 13 AM 10:57  
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