

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

OFFICE USE ONLY **107955**
Log No. _____
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. **63606**

1. OWNER **Lt. Col. John Peck EM.** ADDRESS AT WELL LOCATION **1776 National Guard Way**
MAILING ADDRESS **1776 National Guard Way** **Reno Well # MW29**
Reno NV, 89502 Subdivision Name: _____ County: **Washoe**

2. LOCATION **SE 1/4 NE 1/4 Sec 19 T19N R20E** Latitude **39.49939** UTM E NAD 27
PERMIT/WAIVER NO. _____ Longitude **119.77674** 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 #? _____

4. EXISTING WELL CONSTRUCTION
Depth Drilled **18 Feet** Depth Cased **18 Feet**

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		SCH 40 PVC	0	18

Existing Perforations:
Type of perforation **Factory**
Size of perforation **.010**
From **8** feet to **17.5** feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **8** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

6. Additional Notes or Comments

N39.499479
W 119.775717 NAD27

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			
Neat Cement			
From 0 feet to 18 feet	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
From _____ feet to _____ feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
From _____ feet to _____ feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
From _____ feet to _____ feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
From _____ feet to _____ feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	
From _____ feet to _____ feet	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured	

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

Date Started **12/30/08**
Date Completed **12/30/08**

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 **2326**

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

Date **12/30/08**

STATE ENGINEER
2009 JAN 16 AM 10:45
54-01111 91 NAD 6002