

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

OFFICE USE ONLY **108811**

Log No. _____
 Permit No. _____
 Basin **184**

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. **64436**

1. OWNER **Chuck Champelovier** ADDRESS AT WELL LOCATION **5845 Rock Farm Rd.**
 MAILING ADDRESS **15800 Mt. Rose Hwy** **Reno, NV 89511**
Reno, NV, 89511 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **SE 1/4 NE 1/4 Sec 26 T18N R19E** Latitude **39.23357** UTM E _____ NAD 27
 PERMIT/WAIVER NO. **150-250-22** Longitude **119.48359** 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 **186 Feet** Depth Cased **186 Feet**

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	19	.188	0	186

Existing Perforations:
 Type of perforation **Factory?**
 Size of perforation ?
 From **186?** feet to **166?** 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 **166** feet to **122** feet Number of perfs per linear foot **4**
 From _____ feet to _____ feet Number of perfs per linear foot _____
 From _____ feet to _____ feet Number of perfs per linear foot _____
 From _____ feet to _____ feet Number of perfs per linear foot _____
 From _____ feet to _____ feet Number of perfs per linear foot _____
 From _____ feet to _____ feet Number of perfs per linear foot _____

5. WATER LEVEL
 Static water level: **182** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water Temperature: _____ °F Quality _____

8. WELL PLUGGING MATERIALS

Material Used
Bentonit
 From **186** feet to **20** feet Pumped Poured
Neat cement
 From **20** feet to **0** feet Pumped Poured
 From _____ feet to _____ feet Pumped Poured

Neat Cement Fluid Weight **15** lbs/gal
 Bentonite Grout **20** % bentonite
 Date Started **7-16-2009**
 Date Completed **7-17-2009**

6. Additional Notes or Comments
Washoe Co. Permit WL#090063

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 **923**

Signed **R. Bruce MacKay**
 By driller performing actual drilling on site or contractor
 Date **7-17-2009**

39.393340° N
 119.800951° W
 NAD 27 (TD)

40:11:22 01 00V 000Z