

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

OFFICE USE ONLY **110038**
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. **64425**

1. OWNER **Glen Anderson** ADDRESS AT WELL LOCATION **4650 Mt. Rose Hwy**
MAILING ADDRESS **501 Hobbs Wall** **Reno, NV 89511**
Crescent City, CA 95531 *Subdivision Name:* _____ *County:* **Washoe**

2. LOCATION **SE 1/4 SW 1/4 Sec 25 T18N / R19E** Latitude **39.39021** UTM E _____ NAD 27
PERMIT/WAIVER NO. **DOM09-008** **150-022-04** Longitude **119.79940** 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? **64424** Is there an existing well log? Yes No
If yes, what is NDWR well log #?

4. EXISTING WELL CONSTRUCTION
Depth Drilled **182 Feet** Depth Cased **182 Feet**

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	0	182

Existing Perforations:
Type of perforation **Factory**
Size of perforation ?
From **182** feet to **162** feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **178** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.

Water Temperature: **cold** °F Quality **Not Tested**

6. Additional Notes or Comments

Washoe Co. Permit #WL090060

39.390°N
119.798°W **NAD27 D.D.**

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 **165** feet to **130** 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 _____

8. WELL PLUGGING MATERIALS

Material Used			
Bentonit			
From 182 feet to 20 feet	e	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 20 feet to 0 feet	Neat	<input type="checkbox"/> Pumped	<input checked="" 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 **20** % bentonite

Date Started **7-24-09**
Date Completed **7-24-09**

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 (CONTRACTOR)

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. B. MacKay**
By driller performing actual drilling on site or contractor

Date **7-24-2009**

80-1117 01 07/10/09

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY