

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

OFFICE USE ONLY 110100
Log No. _____
Permit No. _____
Basin φ89

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. 64430

1. OWNER **Michael Pegram** ADDRESS AT WELL LOCATION **60 Sheldon Pl.**
MAILING ADDRESS **60 Sheldon Pl.** **Washoe**
Washoe NV. 89704 **Subdivision Name:** _____ **County: Washoe**

2. LOCATION **SE¼NW¼ Sec23T16N/ R19E** Latitude **39.23785** UTM E _____ NAD 27
PERMIT/WAIVER NO. _____ **055-287-15** Longitude **119.82144** 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 #? **103187**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **152 Feet** Depth Cased **152 Feet**

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4	2.06	sch40	7	152

Existing Perforations:
Type of perforation **Factory / air**
Size of perforation
From **100** feet to **152** feet
From _____ feet to _____ feet

5. WATER LEVEL
Static water level: **90** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
cold.
Water Temperature: _____ °F Quality **not tested**

6. Additional Notes or Comments

Washoe Permit WL090064

*39.238°N NAD27 O.D.
119.820°W*

80:1111 01 000 610

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**
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
From **0** feet to **152** feet **Cement** Pumped Poured
From _____ feet to _____ feet Pumped Poured

Neat Cement Fluid Weight **15** lbs/gal
Bentonite Grout _____ % bentonite
Date Started **7-31-09**
Date Completed **7-31-09**

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

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 **7-31-09**