

Vapor Monitoring Well - VV1-2

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

OFFICE USE ONLY
Log No. 113039
Permit No. _____
Basin φ87

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. 66325

1 OWNER Nevada Air National Guard ADDRESS AT WELL LOCATION 152nd Av (off Hwy)
MAILING ADDRESS WGFB/470R 3500 Fletcher Ave Nevada Air National Guard, Reno NV
Joint Base Andrews, MD 20707 Subdivision Name: _____ County: _____

2 LOCATION SE 1/4 NE 1/4 Sec 19 T 19 N R 20 E Latitude _____ UTM E _____ NAD 27
PERMIT/WAIVER No. 1015-20-34 Longitude _____ N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3 Extraction TYPE OF WELL Air Sorage Is this well being plugged because a replacement well was drilled? NO Is there an existing well log? _____
 Domestic Soil Vapor Irrigation Test
 Municipal/Industrial Monitor Stock
If yes, what is replacement well NOI? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 8 Feet Depth Cased 8 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1 1/2</u>		<u>Sched 40</u>	<u>0</u>	<u>8</u>

Existing Perforations:
Type of perforation slotted
Size of perforation 1.0200
From 3 feet to 8 feet
From _____ feet to _____ feet
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:
To limit waste to be disposed

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 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 _____
From _____ feet to _____ feet Number of perfs per linear foot _____

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

8 WELL PLUGGING MATERIALS

From	feet to	Material Used	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<u>8</u>	<u>0</u>	<u>Cement</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
From _____	feet to _____		<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____		<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____		<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____		<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____		<input type="checkbox"/>	<input type="checkbox"/>

6 Additional Notes or Comments
Abandonment Method
1) Jackhammer out well boxes
2) Air Knife to SF BGS
3) Knock out bottom of well
4) Permit Grant
5) Pressure Grant @ 25 PSI 10 min
6) Pull Casing
7) Top off wells with cement
8) Concrete Surface Patch

Neat Cement Fluid Weight 9 lbs/gal 5 gallons
Bentonite Grout _____ % bentonite
Date Started September 20th, 2010
Date Completed October 25th, 2010

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 RST Drilling Contractor
Address 220 W East Street Contractor
Woodland, CA 95776
Nevada contractor's license number _____
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2422-M
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 9-25-10

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY