

Vapor Monitoring Well - VM-6

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

OFFICE USE ONLY
Log No. 113043
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

1 OWNER Nevada Air National Guard ADDRESS AT WELL LOCATION 152nd Air Filt Wing
MAILING ADDRESS WGB/1702 3560 Fehret Ave Nevada Air National Guard, Reno NV
Joint Base Andrews, MD 20762

NOTICE OF INTENT NO. 66325

2 LOCATION SE 1/4 NE 1/4 Sec 19 T 19 S R 20 E Latitude _____ UTM E _____ NAD 27
PERMIT/WAIVER No. 1015-210-34 Longitude _____ N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3 Extractor TYPE OF WELL Air Source
 Domestic Soil Vapor Irrigation Test
 Municipal/Industrial Monitor Stock
Is this well being plugged because a replacement well was drilled? NO
If yes, what is replacement well NOI? _____
Is there an existing well log? _____
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"</u>		<u>Sched 40</u>	<u>0</u>	<u>8</u>

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

Existing Perforations:

Type of perforation slotted
Size of perforation 1.0200

From <u>3</u> feet to <u>8</u> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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 _____

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

6 Additional Notes or Comments

Abandonment Method

- 1.) Jackhammer out well boxes
- 2.) Air Knife to st BGS
- 3.) Knock out bottom of well
- 4.) Tremix Grout
- 5.) Pressure Grout @ 25 PSI 10 min
- 6.) Pull Casing
- 7.) Top off wells with Cement
- 8.) Concrete Surface Patch

Neat Cement Fluid Weight 9.4 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