

Air Sparge Wells AS-5

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

OFFICE USE ONLY
Log No. 113050
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

1 OWNER Nevada Air National Guard ADDRESS AT WELL LOCATION 152nd Air Lift Wing
MAILING ADDRESS WGB/AF01R 3500 Fletcher AV Nevada Air National Guard Reno NV
NOTICE OF INTENT NO. 66325
LOCATION SE 1/4 NE 1/4 Sec 19 T 19 S R 20 E Subdivision Name _____ County _____
PERMIT/WAIVER No. 1015-210-34 Parcel No. _____

3 TYPE OF WELL Air Sparge 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 NO? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION

Depth Drilled 2.5 Feet Depth Cased 25 Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1</u>		<u>Shield 40</u>	<u>0</u>	<u>25</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

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

Existing Perforations:

Type of perforation slotted
Size of perforation .020

From	_____	feet to	_____	feet
From	<u>23</u>	feet to	<u>25</u>	feet
From	_____	feet to	_____	feet
From	_____	feet to	_____	feet
From	_____	feet to	_____	feet
From	_____	feet to	_____	feet

5 WATER LEVEL

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

6 Additional Notes or Comments

Abandonment method

- Backhammer out well logs
- Air lift to surface
- Knock out bottom of well
- Remove grout
- Pressure grout @ 25 psi for 10 min
- Pull casing
- Top off wells with cement
- concrete surface patch

8 WELL PLUGGING MATERIALS

From	_____	feet to	_____	feet	Material Used	<input checked="" type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From	<u>0</u>	feet to	<u>25</u>	feet	<u>Cement</u>	<input checked="" 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
From	_____	feet to	_____	feet	_____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Neat Cement Fluid Weight 90 lbs/gal
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 2422-M
Division of Water Resources, the on-site driller
Signed [Signature]
Date 9-25-10
By driller performing actual drilling on site or contractor