

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

OFFICE USE ONLY  
Log No. 116584  
Permit No. \_\_\_\_\_  
Basin 105

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. **67196**

1. OWNER **Madsen Family Trust** ADDRESS AT WELL LOCATION **3361 Conte Dr.**  
MAILING ADDRESS **3361 Conte Dr.** **Carson City, NV 89701**  
Subdivision Name: \_\_\_\_\_ County: **Carson**

2. LOCATION **SE 1/4 NW 1/4 Sec 28 T15N R20E** Latitude **39.136753** UTM E \_\_\_\_\_  NAD 27  
PERMIT/WAIVER NO. \_\_\_\_\_ Longitude **119.743076** N \_\_\_\_\_  NAD 83/WGS 84  
Issued by Water Resources Parcel No. **010-143-06**

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 #? \_\_\_\_\_

4. EXISTING WELL CONSTRUCTION  
Depth Drilled **230** Feet Depth Cased **230** Feet  
EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"			0	230

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: \_\_\_\_\_

Existing Perforations:  
Type of perforation \_\_\_\_\_  
Size of perforation \_\_\_\_\_  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of perforator used: **Mills Knife**  
From **210** feet to **50** 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 \_\_\_\_\_

5. WATER LEVEL  
Static water level: **155** feet below land surface  
Artesian flow: \_\_\_\_\_ G.P.M. P.S.I.  
Water Temperature: **cool** °F Quality **Not tested**

8. WELL PLUGGING MATERIALS

From	To	Material Used	Pumped	Poured
From <b>230</b> feet to <b>20</b> feet		<b>crumbles</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From <b>20</b> feet to <b>0</b> feet		<b>cement</b>	<input checked="" 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  
**Pressure grouted from 230' to 20' with crumbles.**  
**Pressure grouted from 20' to 0' with cement.**

Neat Cement Fluid Weight **15** lbs/gal  
Bentonite Grout **20** % bentonite  
Date Started **12-7-11**  
Date Completed **12-7-11**

Carson County Permit # 11-0000888

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.**  
Address **1600 Mt Rose Hwy.**  
**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 **1790**  
Signed R. Bruce MacKay  
By driller performing actual drilling on site or contractor  
Date **12-12-11**

39.136843°N  
119.742063°W  
NAD27

001111 0-1007107  
2012-12-11 11:11:00

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY