

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

OFFICE USE ONLY
Log No. 115021
Permit No. _____
Basin 21

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. **70972**

1. OWNER **City of Fallon** ADDRESS AT WELL LOCATION **1325 New River Pkwy**
MAILING ADDRESS **55 West Williams** **Fallon, NV 89406**
Subdivision Name: _____ County: **Churchill**

2. LOCATION **SW¼SE¼ Sec32T19N / R29E** Latitude **39.463597** UTM E _____ NAD 27
PERMIT/WAIVER NO. **DW-100, R765** **001-781-22** Longitude **118.753088** N _____ NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled? Yes No
 Domestic Irrigation Test Municipal/Industrial Monitor Stock If yes, what is replacement well NOI? _____
Is there an existing well log? Yes No If yes, what is NDWR well log #? **Pending**

4. EXISTING WELL CONSTRUCTION
Depth Drilled **60 Feet** Depth Cased **60 Feet**

EXISTING CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12 3/4		Sch 40	0	60

Existing Perforations:
Type of perforation **Saw cut**
Size of perforation **5" @ 10 around**
From **0** feet to **60** feet
From _____ feet to _____ feet

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

6. Additional Notes or Comments
This dewatering well was abandoned after its intended use was finished. We poured 3/8 gravel with Cetco medium chip bentonite from 20' to bottom at a 50/50 mixture. We then topped the 20'-0' with 12 sack sand grout.

DW#2

RECEIVED
2013 DEC -9 PM 12:59
STATE ENGINEERS OFFICE
plug well log 11/27/13
NAD27
39.463597
118.753088

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 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 _____

8. WELL PLUGGING MATERIALS
Material Used
From **0** feet to **20** feet **Sand grt** Pumped Poured
From **20** feet to **60** feet **Grv/bent** Pumped Poured
From _____ feet to _____ feet _____ Pumped Poured
From _____ feet to _____ feet _____ Pumped Poured
From _____ feet to _____ feet _____ Pumped Poured
From _____ feet to _____ feet _____ Pumped Poured

Neat Cement Fluid Weight **15.0** lbs/gal
Bentonite Grout **>30** % bentonite

Date Started **11-25-13**
Date Completed **11-26-13**

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
(CONTRACTOR)

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 *Bruce MacKay*
By driller performing actual drilling on site or contractor

Date **11-26-13**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY