

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

OFFICE USE ONLY
Log No. 12.1749
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

NOTICE OF INTENT NO. 72513

1. OWNER **Galena Volunteer Firemen, Inc** ADDRESS AT WELL LOCATION **Same**
MAILING ADDRESS **16255 Mt Rose Hwy**
Reno, NV 89511 Subdivision Name: _____ County: **Washoe**

2. LOCATION **NW 1/4 SE 1/4 Sec 34 T 18N / R 19 E** Latitude **39.379172** UTM E NAD 27
PERMIT/WAIVER NO. _____ Parcel No. _____ Longitude **-119.831822** N NAD 83/WGS 84
Issued by Water Resources

3. TYPE OF WELL Is this well being plugged because a replacement well was drilled? Yes No Is there an existing well log? Yes No
 Domestic Irrigation Test Municipal/Industrial Monitor Stock If yes, what is replacement well NOI? 72512 If yes, what is NDWR well log #? **46274**

4. EXISTING WELL CONSTRUCTION

Depth Drilled **2** Feet Depth Cased _____ Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	215
5	9.66	.188	215	395

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

Existing Perforations:
Type of perforation **Factory Perf**
Size of perforation **3/32 x 3 Single Row**

From 375 feet to 395 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used: **None - Dry Well**

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: **Dry** feet below land surface
Artesian flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F Quality _____

8. WELL PLUGGING MATERIALS

Material Used

From 0 feet to 395 feet	Cement <input 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 **15.0** lbs/gal
Bentonite Grout **>30** % bentonite

6. Additional Notes or Comments
Abandoned this dry well by pouring a 12 sack sand slurry from bottom to surface. Removed the casing to 2' below surface.

Washoe County Permit # **WL140051**

Date Started **12/31/14**
Date Completed **12/31/14**

NAD 27
39.379262°N
119.830800°W

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
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 **2299**
Signed *Frank*
By driller performing actual drilling on site or contractor
Date **1/13/15**

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

Plugging Well log 46274