WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 91461
Permit No.
Basin 212

NOTICE OF INTENT NO. 25478

1. OWNER: US HOMES CORPORATION
MAILING ADDRESS: 3765 E SUNSET #B-1, LAS VEGAS, NV 89120
ADDRESS AT WELL LOCATION: 6274 E CHARLESTON BLVD, LAS VEGAS, NV

2. LOCATION: SE ¼ SW ¼ Sec. 34 T. 20 N/S R. 62 E. CLARK County
PERMIT NO. ____ (Issued by Water Resources) | Parcel No. 140-34-403-005 | Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Plug 1 - 8" domestic well				
Depth 84"				
Static water level 22'				
Perforated well from 83' to45'				
Trimmie 4 yrds of W171				
slurry.				

DCNR/DWR
RECEIVED
DEC 1 2 2003
LAS VEGAS OFFICE

Date started 11/21/03, 20
Date complated 11/25/03, 20

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

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

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name (Contractor): ALLEN DRILLING INC.
Address (Contractor): 4015 WEST TOMPKINS AVE.
LAS VEGAS, NV 89103
Nevada contractor's license number issued by the State Contractor's Board: 18917
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1301
Signed: ____ (By driller performing actual drilling on site or contractor)
Date 12-10-03

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627