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. 80252
Permit No.
Basin 212

NOTICE OF INTENT NO. 20667

1. OWNER ASTORIA HOMES
MAILING ADDRESS 9555 DEL WEBB BOULEVARD
LAS VEGAS, NV 89134

ADDRESS AT WELL LOCATION RHODES #22
LAS VEGAS NV
9204 WARM SPRINGS RD

2. LOCATION S ~~N~~ ¼ SW ~~NW~~ ¼ Sec. S ~~17~~ T. 22 N/S R. 60 E. CLARK County
PERMIT NO. _____ Issued by Water Resources | Parcel No. 176-05-401-018 | 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
Abandon 1 water well				
Well depth 800'				
6" casing				
Fill with 8 yards of 27				
yards of 27 sack cement slurry				
Water table 639'				

JUN 9 2000

Date started 5/20 2000
Date completed 5/22 2000

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 ALLEN DRILLING INC. Contractor
Address 4847 S. VALLEY VIEW Contractor
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 6-7-00

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627