

File Original with DWR.

State of California Well Completion Report

Refer to Instruction Pamphlet
No. e0132982

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Owner's Well Number Site #1

Date Work Began 07/27/2011 Date Work Ended 7/29/2011

Local Permit Agency SAN LUIS OBISPO COUNTY

Permit Number 2011-064 Permit Date 7/15/11

DWR Use Only - Do Not Fill In

State Well Number/Site Number	
Latitude	Longitude
APN/TRS/Other	

Geologic Log		
Orientation <input checked="" type="radio"/> Vertical <input type="radio"/> Horizontal <input type="radio"/> Angle Specify _____		
Drilling Method <u>ROTARY</u> Drilling Fluid <u>AIR</u>		
Depth from Surface	Description	Describe material, grain size, color, etc
Feet to Feet		
0	2	TOP SOIL
2	7	BROWN CLAY
7	14	SOFT BROWN GRANITE
14	60	BROWN CLAY GRANITE
60	250	REDISH BROWN GRANITE
250	265	GREY GRANITE
265	490	REDDISH BROWN GRANITE
490	600	TAN FIRM GRANITE
THE AIR LIFT TEST IS ONLY APPROXIMATE. A TEST PUMP IS RECOMMENDED FOR AN ACCURATE AMOUNT. (WP)		
Total Depth of Boring <u>600</u> Feet		
Total Depth of Completed Well <u>600</u> Feet		

Well Owner	
Name <u>ARTURO SOTO</u>	
Mailing Address <u>504 EAST 21ST STREET</u>	
City <u>BAKERSFIELD</u>	State <u>CA</u> Zip <u>93305</u>

Well Location	
Address <u>CALF CANYON HWY 58 (2.5 Mi E of O'Donovan Rd)</u>	
City <u>CRESTON</u>	County <u>San Luis Obispo</u>
Latitude <u>35</u> <u>27</u> <u>54.1</u> N Longitude <u>120</u> <u>26</u> <u>85</u> W	
Dec. Min. Sec.	Dec. Min. Sec.
Datum _____	Decimal Lat. _____
APN Book <u>043</u> Page <u>341</u> Parcel <u>017</u>	
Township <u>28 S</u> Range <u>14 E</u> Section <u>26</u>	

Location Sketch	
(Sketch must be drawn by hand after form is printed.)	
North	
West	East
South	
Illustrate or describe distance of well from roads, buildings, fences, rivers, etc. and attach a map. Use additional paper if necessary. Please be accurate and complete.	

Activity	
<input checked="" type="radio"/> New Well <input type="radio"/> Modification/Repair <input type="radio"/> Deepen <input type="radio"/> Other _____ <input type="radio"/> Destroy <small>Describe procedures and materials under "GEOLOGIC LOG"</small>	
Planned Uses	
<input checked="" type="radio"/> Water Supply <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="radio"/> Cathodic Protection <input type="radio"/> Dewatering <input type="radio"/> Heat Exchange <input type="radio"/> Injection <input type="radio"/> Monitoring <input type="radio"/> Remediation <input type="radio"/> Sparging <input type="radio"/> Test Well <input type="radio"/> Vapor Extraction <input type="radio"/> Other _____	

Water Level and Yield of Completed Well	
Depth to first water _____	(Feet below surface)
Depth to Static _____	
Water Level <u>150</u> (Feet)	Date Measured <u>07/29/2011</u>
Estimated Yield * <u>7</u> (GPM)	Test Type <u>Air Lift</u>
Test Length <u>2.0</u> (Hours)	Total Drawdown _____ (Feet)
*May not be representative of a well's long term yield.	

Casings							
Depth from Surface	Borehole Diameter	Type	Material	Wall Thickness	Outside Diameter	Screen Type	Slot Size if Any
Feet to Feet	(Inches)			(Inches)	(Inches)		(Inches)
0	280	10"	Blank	PVC	SDR-21	5"	
280	600	10"	PERF	PVC	SDR-21	5"	0.040

Annular Material			
Depth from Surface	Fill	Description	
Feet to Feet			
0	50	Cement	
50	600	Fill	8 X 12 SAND

Attachments
<input type="checkbox"/> Geologic Log <input type="checkbox"/> Well Construction Diagram <input type="checkbox"/> Geophysical Log(s) <input type="checkbox"/> Soil/Water Chemical Analyses <input type="checkbox"/> Other _____
Attach additional information, if it exists.

Certification Statement	
I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief	
Name <u>FILIPPONI & THOMPSON DRILLING, INC.</u>	
<small>Person, Firm or Corporation</small>	
<u>P.O. Box 845</u>	<u>Atascadero</u> <u>CA</u> <u>93423</u>
	<small>City State Zip</small>
Signed <u>[Signature]</u>	<u>08/11/11</u>
<small>C-57 Licensed Water Well Contractor</small>	<small>Date Signed</small>
	<u>432680</u>
	<small>C-57 License Number</small>

WELL PERMIT PLOT PLAN

SAN LUIS OBISPO COUNTY ENVIRONMENTAL HEALTH SERVICES
2156 Sierra Way
San Luis Obispo, California 93401
Telephone: 805-781-5544

SCALE: 1/4" = 25'

INDICATE BELOW THE EXACT LOCATION OF PROPOSED WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS, ANIMAL ENCLOSURES AND ANY OTHER CONCENTRATED SOURCES OF POLLUTION. INCLUDE DIMENSIONS. ALL PROPOSED WELL SITES SHALL BE DESIGNATED WITH A FLAGGED SURVEYOR'S STAKE LABELED "WELL SITE." DRILLING SHALL NOT COMMENCE UNTIL THIS APPLICATION IS APPROVED.

Assessor's Parcel Number- 043-341-017

