

File Original with DWR

State of California
Well Completion Report

Refer to Instruction Pamphlet

No. **e0173053**

Page **1** of **1**

Owner's Well Number **2**

Date Work Began **03/08/2013**

Date Work Ended **3/15/2013**

Local Permit Agency **Tehama County Environmental Health Dept.**

Permit Number **W-19/13**

Permit Date **3/8/13**

DWR Use Only - Do Not Fill In

State Well Number/Site Number

Latitude

Longitude

APN/TRS/Other

Geologic Log

Orientation ☒ Vertical ☐ Horizontal ☐ Angle Specify _____
Drilling Method ☒ Direct Rotary ☐ _____ Drilling Fluid **Fresh Water**

Depth from Surface
Feet to Feet Describe material, grain size, color, etc

0	80	Gravel
80	95	Blue Shale
95	125	Blue gravel
125	155	Clay
155	180	Gravel
180	200	Gravel with clay layers
200	255	Gravel
255	275	Gravel with clay layers
275	320	Gravel
320	330	Clay

Well Owner

Name **Charles and Terri Sullivan**

Mailing Address **P.O. Box 1448**

City **Corning** State **CA** Zip **96021**

Well Location

Address **Black Butte Road, 1 mi. West of Newville Rd.**

City **Corning** County **Tehama**

Latitude _____ N Longitude _____ W
Dec. Min. Sec. Dec. Min. Sec.

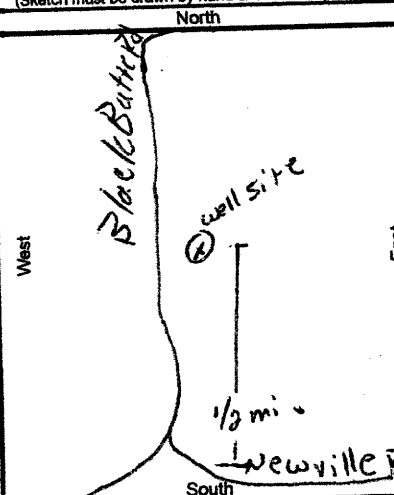
Datum _____ Decimal Lat. _____ Decimal Long. _____

APN Book **085** Page **260** Parcel **11-1**

Township _____ Range _____ Section _____

Location Sketch

(Sketch must be drawn by hand after form is printed.)



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

- ☒ New Well
☐ Modification/Repair
☐ Deepen
☐ Other _____
☐ Destroy
Describe procedures and materials under "GEOLOGIC LOG"

Planned Uses

- ☒ Water Supply
☒ Domestic ☐ Public
☐ Irrigation ☐ Industrial
☐ Cathodic Protection
☐ Dewatering
☐ Heat Exchange
☐ Injection
☐ Monitoring
☐ Remediation
☐ Sparging
☐ Test Well
☐ Vapor Extraction
☐ Other _____

Total Depth of Boring **330** Feet

Total Depth of Completed Well **320** Feet

Water Level and Yield of Completed Well

Depth to first water _____ (Feet below surface)

Depth to Static _____

Water Level **120** (Feet) Date Measured **03/07/2013**

Estimated Yield * _____ (GPM) Test Type **Air Lift**

Test Length **4.0** (Hours) Total Drawdown _____ (Feet)

*May not be representative of a well's long term yield.

Casings

Depth from Surface Feet to Feet	Borehole Diameter (Inches)	Type	Material	Wall Thickness (Inches)	Outside Diameter (Inches)	Screen Type	Slot Size if Any (Inches)
0	260	12	Blank	PVC	cl-200	5	
260	320	12	Screen	PVC	cl-200	5	Milled Slots

Annular Material

Depth from Surface Feet to Feet	Fill	Description
0	22	Bentonite
22	220	Filter Pack
		1/4" x 1/8" birdseye gravel

Attachments

- ☐ Geologic Log
☐ Well Construction Diagram
☐ Geophysical Log(s)
☐ Soil/Water Chemical Analyses
☐ Other _____

Certification Statement

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief

Name **Sullivan Drilling, Inc**

Person, Firm or Corporation

P.O. Box 1227

Address

Orland

City

CA 95963

State

Zip

Signed

Charles Sullivan

C-57 Licensed Water Well Contractor

3/22/2013

Date Signed

656504

C-57 License Number

Attach additional information, if it exists.