

**ORIGINAL**  
**File with DWR**  
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STATE OF CALIFORNIA  
**WELL COMPLETION REPORT**  
*Refer to Instruction Pamphlet*

No. **00000000**

Owner's Well No. MW-1

Date Work Began 7/30/02 Ended 7/31/02

Local Permit Agency Red Rock County Environmental Health

Permit No. 000-00 Permit Date 7/24/02

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.									
LATITUDE					LONGITUDE				
APN/TRS/OTHER									

DEPTH FROM SURFACE			DESCRIPTION
Ft.	to	Ft.	
0	6	6	topsoil
6	20	20	brown clay
20	50	50	brown clay & gravel
50	62	62	gravel (water)
62	80	80	brown clay
80	100	100	gravel to cobble size brown to tan
100	116	116	brown clay, fat changing to sand
116	133	133	cobbles and gravel
133	168	168	brown clay, fat with sandy lenses
168	207	207	gravel to cobble size
207	288	288	blue clay, fat
288	305	305	sand, medium size
305	330	330	blue clay

ORIENTATION (∠)  VERTICAL  HORIZONTAL  ANGLE \_\_\_\_\_ (SPECIFY)

DRILLING METHOD Hollow Stem Auger FLUID None

Describe material, grain size, color, etc.

**WELL OWNER**

Name John Smith  
 Mailing Address 1234 Main Street  
Someburg CA 94000  
 CITY STATE ZIP

**WELL LOCATION**

Address 4321 State Street  
 City Mytown  
 County Red Rock  
 APN Book 00 Page 123 Parcel 45  
 Township 12N Range 01W Section 10 MDBM  
 Latitude 40 21 15.3 NORTH Longitude 122 27 13.8 WEST  
 DEG. MIN. SEC. DEG. MIN. SEC.

**LOCATION SKETCH**

WEST EAST

Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. **PLEASE BE ACCURATE & COMPLETE.**

**ACTIVITY (∠)**

NEW WELL

MODIFICATION/REPAIR  
 Deepen  
 Other (Specify) \_\_\_\_\_

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

**PLANNED USES (∠)**

WATER SUPPLY  
 Domestic  Public  
 Irrigation  Industrial

MONITORING   
 TEST WELL   
 CATHODIC PROTECTION   
 HEAT EXCHANGE   
 DIRECT PUSH   
 INJECTION   
 VAPOR EXTRACTOR   
 SPARGING   
 REMEDIATION   
 OTHER (SPECIFY) \_\_\_\_\_

**WATER LEVEL & YIELD OF COMPLETED WELL**

DEPTH TO FIRST WATER 47 (Ft.) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 54 (Ft.) & DATE MEASURED 04/11/2001

ESTIMATED YIELD \* 720 (GPM) & TEST TYPE pump

TEST LENGTH 3 (Hrs.) TOTAL DRAWDOWN 19 (Ft.)

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

DEPTH FROM SURFACE	BORE-HOLE DIA. (inches)	CASING (S)								
		TYPE (∠)				MATERIAL / GRADE	INTERNAL DIAMETER (inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (inches)	
Ft.	to	Ft.	BLANK	SCREEN	CON-DUCTOR					FILL PIPE
0	116	12	<input checked="" type="checkbox"/>				steel	6	0.25	
116	133	12	<input checked="" type="checkbox"/>				steel	6	0.25	1/8" x 2"
133	168	12	<input checked="" type="checkbox"/>				steel	6	0.25	
168	207	12	<input checked="" type="checkbox"/>				steel	6	0.25	1/8" x 2"
207	288	12	<input checked="" type="checkbox"/>				steel	6	0.25	
288	310	12	<input checked="" type="checkbox"/>				steel	6	0.25	1/8" x 2"

DEPTH FROM SURFACE	ANNULAR MATERIAL					
	TYPE					
Ft.	to	Ft.	CE-MENT (∠)	BEN-TONITE (∠)	FILL (∠)	FILTER PACK (TYPE/SIZE)
0	110	110		<input checked="" type="checkbox"/>		
110	310	310				#8 sand

**ATTACHMENTS (∠)**

Geologic Log  
 Well Construction Diagram  
 Geophysical Log(s)  
 Soil/Water Chemical Analyses  
 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 AAAAA Drilling, Inc.  
 PERSON, FIRM, OR CORPORATION (TYPED OR PRINTED)

PO Box 4321 Anywhere CA 94001  
 ADDRESS CITY STATE ZIP

Signed \_\_\_\_\_ DATE SIGNED \_\_\_\_\_  
 WELL DRILLER/AUTHORIZED REPRESENTATIVE DATE SIGNED

0000001  
 C-57 LICENSE NUMBER