ORIGINAL
File with DWR

Page ___ of ___

Owner's Well No. ___

Date Work Began 7-5-06 Ended 7-10-06

Local Permit Agency Siskiyou Health

Permit No. W06-040 Permit Date 5-9-06

STATE OF CALIFORNIA

WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 1087590

DWR USE ONLY — DO NOT FILL IN

43N/10W-36

STATE WELL NO./STATION NO.

LATITUDE ___ LONGITUDE ___

APN/TRS/OTHER ___

GEOLOGIC LOG

ORIENTATION (✓) ✓ VERTICAL ___ HORIZONTAL ___ ANGLE ___ (SPECIFY)

DRILLING METHOD Rotary FLUID air

DEPTH FROM SURFACE Ft.	to Ft.	DESCRIPTION *Describe material, grain size, color, etc.*
0	2	Topsoil
2	20	Sand and Gravil
20	40	Layers of Clay
40	60	Clay
60	100	Gravil

TOTAL DEPTH OF BORING 100 (Feet)

TOTAL DEPTH OF COMPLETED WELL 100' (Feet)

WELL OWNER

Name Robin Bennett

Mailing Address 9535 Belgia Ln

City Fort Jones State Ca. ZIP 96032

WELL LOCATION

Address N Kiddar-er Rd

City Greenview

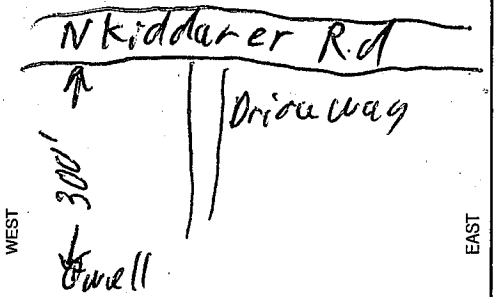
County Siskiyou

APN Book 024 Page 430 Parcel 430

Township 43N Range 10W Section 36

Lat ___ DEG. ___ MIN. ___ SEC. N Long ___ DEG. ___ MIN. ___ SEC. W

LOCATION SKETCH



*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")*

USES (✓)

WATER SUPPLY
✓ Domestic ___ Public
___ Irrigation ___ Industrial

___ MONITORING
___ TEST WELL
___ CATHODIC PROTECTION
___ HEAT EXCHANGE
___ DIRECT PUSH
___ INJECTION
___ VAPOR EXTRACTION
___ SPARGING
___ REMEDIATION
___ OTHER (SPECIFY)

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 60 (Ft.) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 40' (Ft.) & DATE MEASURED ___

ESTIMATED YIELD * 15 (GPM) & TEST TYPE air

TEST LENGTH 2 (Hrs.) TOTAL DRAWDOWN ___ (Ft.)

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

CASING (S)

DEPTH FROM SURFACE Ft.	to Ft.	BORE-HOLE DIA. (Inches)	TYPE (✓) BLANK	SCREEN	CON-DUCTOR	FILL PIPE	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
0	21	10	✓				Steel	6	.250	
21	60	6	✓				Steel	6	.250	
60	100	6		✓			Steel	6	.250	1/8X3

ANNULAR MATERIAL

DEPTH FROM SURFACE Ft.	to Ft.	TYPE CEMENT (✓)	BENTONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)
0	21		✓		

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 McQuoid Well Drilling (PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 11945 Main St CITY Fort Jones STATE ca ZIP 96032

Signed Martha McQuoid C-57 LICENSED WATER WELL CONTRACTOR DATE SIGNED 7-17-06 C-57 LICENSE NUMBER 822388

DWR 188 REV. 05-03

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

OSP 03 78836

NOT FOR PUBLIC DISCLOSURE CONFIDENTIAL WATER CODE SECTION