

APPLICATE  
 Owner's Copy  
 Page \_\_\_ of \_\_\_  
 Owner's Well No. \_\_\_\_\_  
 Date Work Began 11/11/92 Ended 12/1/92  
 Local Permit Agency YOLO COUNTY DEPT. OF PUBLIC HEALTH  
 Permit No. 92-258 Permit Date 11/10/92

STATE OF CALIFORNIA  
**WELL COMPLETION REPORT**  
 Refer to Instruction Pamphlet

No. **421983**

DWR USE ONLY - DO NOT FILL IN

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

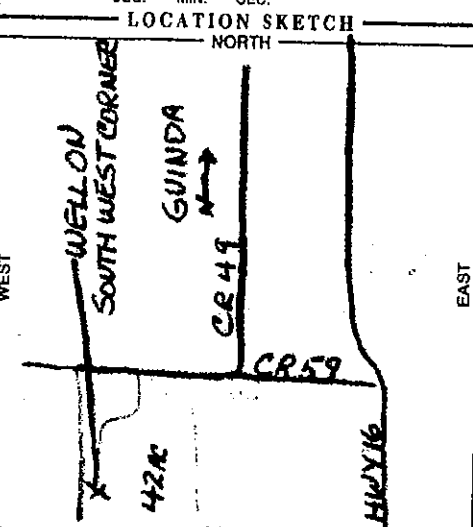
**GEOLOGIC LOG**

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

DEPTH TO FIRST WATER 40 (Ft.) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION
Ft.	to Ft.	
0	9	RED GRAVEL SOIL
9	45	FINE GRAVEL & ROCKS
45	103	YELLOW CLAY WITH WHITE SHALE STREAKS
103	108	FINE GRAVEL
108	110	WHITE SHALE
110	115	FINE GRAVEL
115	150	HARD YELLOW CLAY
150	180	BLUE CLAY

Name \_\_\_\_\_ OWNER \_\_\_\_\_  
 Address CR 59  
 City GUINDA  
 County YOLO  
 APN Book \_\_\_\_\_ Page \_\_\_\_\_ Parcel \_\_\_\_\_  
 Township 11N Range 3W Section 9  
 Latitude \_\_\_\_\_ NORTH Longitude \_\_\_\_\_



ACTIVITY ( )

NEW WELL

MODIFICATION/REPAIR

Deepen

Other (Specify) \_\_\_\_\_

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

PLANNED USE ( )

MONITORING

WATER SUPPLY

Domestic

Public

Irrigation

Industrial

"TEST WELL"

CATHODIC PROTECTION

OTHER (Specify) \_\_\_\_\_

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

DRILLING METHOD ROTARY FLUID MUD/WATER

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL 40 (Ft.) & DATE MEASURED 11/30/92

ESTIMATED YIELD 100+ (GPM) & TEST TYPE PUMP

TEST LENGTH 8 (Hrs.) TOTAL DRAWDOWN 20 (Ft.)

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

TOTAL DEPTH OF BORING 180 (Feet)  
 TOTAL DEPTH OF COMPLETED WELL 118 (Feet)

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING(S)							DEPTH FROM SURFACE	ANNULAR MATERIAL					
		TYPE ( )				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS		SLOT SIZE IF ANY (Inches)	TYPE				
		BLANK	SCREEN	CONDUCTOR	FILL PIPE						Ft.	to Ft.	CE-MENT ( )	BEN-TONITE ( )	FILL ( )
0	18	<input checked="" type="checkbox"/>				STEEL	8 5/8"	.156	2 5/8"	0	23	<input checked="" type="checkbox"/>			5" PER 10'

- 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 COOPER DRILLING CO.  
 (PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS 1125 WEST ST. WOODLAND CA 95695  
 CITY STATE ZIP

Signed Michael P. Cooper WELL DRILLER/AUTHORIZED REPRESENTATIVE DATE SIGNED 12/2/92 482362 C-57 LICENSE NUMBER

FOR OFFICE USE:  
Permit No. 7-1-92  
Date Issued 11-10-92  
Approved By \_\_\_\_\_

# YOLO COUNTY DEPARTMENT OF PUBLIC HEALTH WELL AND/OR SEWAGE DISPOSAL PERMIT

10 Cottonwood Street  
Woodland, CA 95695  
(916) 666-8646

This Permit Expires 120 Days From Date Issued  
If Work Has Not Been Started

Application is hereby made to the Yolo County Department of Health for a permit to construct and install the work herein described. This application is made in compliance with Yolo County Code, Chapter 8, Title 6. Plot plan *must* be placed on attached form.

JOB ADDRESS/LOCATION WEST END CO RD. 59 PARCEL NO. 60-060-37  
Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Contractor's Name COOPER DRILLING CO License No. 482362 Phone 916-476-3380

Installation will serve: Residence  Apartment  Commercial  Other \_\_\_\_\_  
Number of separate living units \_\_\_\_\_ Number of bedrooms per unit \_\_\_\_\_ Parcel size 42 ACERS  
Number of restrooms per unit \_\_\_\_\_ Number of persons per unit \_\_\_\_\_

TYPE OF WELL: a) INDUSTRIAL  PRIVATE DOMESTIC  PUBLIC  IRRIGATION  OTHER \_\_\_\_\_  
b) CABLE TOOL  ROTARY  REVERSE  GRAVEL PACK  OTHER \_\_\_\_\_  
c) NEW WELL  RECONDITION  CONVERSION  OTHER \_\_\_\_\_  
DISTANCE TO NEAREST: SEPTIC TANK \_\_\_\_\_ LEACH LINES \_\_\_\_\_ SEWER \_\_\_\_\_ OTHER \_\_\_\_\_  
PROPERTY LINE \_\_\_\_\_ OTHER \_\_\_\_\_  
CONSTRUCTION SPECS: DIA. EXCAVATION 16" DIA. CASING 6 5/8" GAUGE CASING 156  
TYPE STEEL  
SURFACE SEAL: MATERIAL & PROCEDURE \_\_\_\_\_ DEPTH \_\_\_\_\_  
SURFACE PAD: MEASUREMENT: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_  
PUMP INSTALLATION: CONTRACTOR \_\_\_\_\_ PUMP TYPE \_\_\_\_\_ H.P. 33  
ABANDONMENT OF WELL: WELL TYPE \_\_\_\_\_ DEPTH \_\_\_\_\_ METHOD \_\_\_\_\_

SEWAGE DISPOSAL: (No new septic tank system permitted if public sewer is available)  
SOIL TO 5 FEET: SAND  SILT  CLAY  PEAT  SANDY LOAM  CLAY LOAM   
WATERTABLE  HARDPAN  ADOBE  FILL MATERIAL  TYPE \_\_\_\_\_  
SEPTIC TANK: TANK MATERIAL \_\_\_\_\_ GALS. \_\_\_\_\_ NO. COMPARTMENTS \_\_\_\_\_ DEPTH \_\_\_\_\_  
DISTANCE TO NEAREST: WELL \_\_\_\_\_ FOUNDATION \_\_\_\_\_ PROPERTY LINE \_\_\_\_\_  
LEACH LINES: DISTANCE TO NEAREST: WELL \_\_\_\_\_ FOUNDATION \_\_\_\_\_ PROPERTY LINE \_\_\_\_\_  
OTHER \_\_\_\_\_  
NO. OF LINES \_\_\_\_\_ LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_ TOTAL LIN. FT. \_\_\_\_\_  
ROCK SIZE \_\_\_\_\_ DIST. BOX \_\_\_\_\_ MANIFOLD \_\_\_\_\_  
SPECIAL DESIGN: DESCRIPTION: \_\_\_\_\_  
REPAIR/ADDITION: PREVIOUS SANITATION PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_  
SEPTIC TANK (Specify Requirements) \_\_\_\_\_  
DISPOSAL FIELD (Specify Requirements) \_\_\_\_\_

I hereby certify that I have prepared this application and that the work will be done in accordance with Yolo County Ordinances, State Laws, and Rules and Regulations of the Yolo County Department of Health.

SIGNED Michael R Cooper TITLE Drilling Contractor DATE 11/10/92

APPLICATION ACCEPTED BY Cindy Sparks FEES PAID \$ 233.00

WELL INSPECTION: SEAL: SURFACE 6-1-92 PAD \_\_\_\_\_ SANITARY \_\_\_\_\_ FINAL \_\_\_\_\_  
(sign & date) (sign & date) (sign & date) (sign & date)

SEWAGE DISPOSAL INSPECTION: TANK \_\_\_\_\_ LEACH FIELD \_\_\_\_\_ FINAL \_\_\_\_\_  
(date & sign) (date & sign) (date & sign)