PLICATE
ner's Copy

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in
No. 073302

of Intent No.
Permit No. or Date
State Well No.
Other Well No.

OWNER: Name Jim Pahler
Ranchita Canyon
Zip

LOCATION OF WELL (See instructions):
Monterey Owner's Well Number
address if different from above
ship Range Section
ce from cities, roads, railroads, fences, etc.

WELL LOCATION SKETCH

(3) TYPE OF WORK:
New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:
Domestic ☒
Irrigation ☐
Industrial ☐
Test Well ☐
Stock ☐
Municipal ☐
Other ☐

EQUIPMENT:
Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

CASING INSTALLED:
☐ Plastic ☒ Concrete ☐

From ft.	To ft.	Dia. in.	Gage or Wall	Type
0	73	5 5/8	160	

(5) GRAVEL PACK:
Yes ☒ No ☐ Size 3/8
Diameter of bore 10
Packed from 20 ft. to 73 ft.

(6) PERFORATIONS:
Type of perforation or size of screen

From ft.	To ft.	Slot size
25	73	

WELL SEAL:
Surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ft.
Strata sealed against pollution? Yes ☒ No ☐ Interval ft.
Kind of sealing Cement

WATER LEVELS:
Depth of first water, if known 15 ft.
Standing level after well completion ft.

WELL TESTS:
Was well test made? Yes ☒ No ☐ If yes, by whom? F & T
Kind of test Pump ☐ Bailer ☐ Air lift ☒
Depth to water at start of test ft. At end of test ft.
Was 100 gal/min after hours Water temperature
Chemical analysis made? Yes ☐ No ☒ If yes, by whom?
Electric log made? Yes ☐ No ☒ If yes, attach copy to this report

(12) WELL LOG: Total depth 73 ft. Depth of completed well 73 ft.

from ft	to ft	Formation (Describe by color, character, size or material)
0	2	Top Soil
2	51	Sand & Gravel
51	56	Brown Clay
56	73	Soft Green Shale

Work started 19 Completed 19

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

SIGNED (Well Driller)
NAME Filippoli & Thompson Drilling
(Person, Firm, or corporation) (Typed or printed)
Address P.O. Box 845
City Atascadero, CA. Zip 93422
License No. 301498 Date of this report 10-1-79

9 (REV. 7-76) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

PUMP ESTIMATE

Job No. 0616 73
Date 1/

WALT & SON
AQUA ENGINEERING
Serving the Entire Area Since 1947
950 Mission San Miguel Phone 467-3310

PUMP AND WELL DATA

I.D. of Well 5 5/8 In.
Depth of Well 75 Ft.
Static Water Level 15 Ft.
Drawdown ____ Ft.
CAPACITY 120 G.P.M.
Pumping Water Level 50 Ft.
Total Pumping Head 140 Ft.
Friction (Surface Piping) 17 Ft.
T.D.H. 210 Ft.

Customer: Tim Phiel
Billing Address: 541 5787
Job Location:
Assessor's Parcel #:

We thank you for your inquiry and are pleased to submit the following estimate for you

DESCRIPTION

Pump Model 7S4125 H.P. 2 Ph 1 Voltage 220V
Capacity 25 GPM @ 210 T.D.H. Pumpmaster
Cable Size 12-4 length 70 ft.
Drop Pipe Type Steel size 1 1/2 length 63 ft. 30
Sanitary Seal size 5" X 1 1/4 in.
Tank ____ Type ____ size PSI gal.
Fitting Package (pressure switch, gauge etc.)
Meter Loop (with powerpole if req'd)
Safety Switch Square D 30A
Float Switch or other

SPECIAL FEATURES

WALT & SON AQUA ENGINEERING hereby proposes to furnish all labor, materials, and services necessary to provide and install at the location described above, and for the sum set forth, the above pump, accessories and materials.

Owner Signature

Sub To
Sales
Install
TOTAL

TH
U

FINANCE CHARGES: The purchaser hereby agrees to pay interest at the maximum rate allowed by law on all accounts past due 30 days.

THIS JOB WILL NOT BE SCHEDULED UNTIL THIS BID IS SIGNED AND ORIG
WITH A CHECK FOR ____ % = $ ____ OF TOTAL A
BALANCE UPON COMPLETION

I accept the above offer and agree to its terms:

Aqua Engineering

Serving your water needs
Contractors License #348056

I.D. NUMBER 950

WATER SAMPLE FOR MICROBIOLOGICAL EXAMINATION
SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT
P.O. BOX 1489, SAN LUIS OBISPO, CALIFORNIA 93406

SUBMITTED - NAME & ADDRESS: Awalt & Son 950 mission ST San Miguel
PHONE: 467-3310
DATE COLLECTED: 7-17-02
SAMPLING POINT ADDRESS: 6824 Petrotik, Coalinga
SOURCE: well head
COLLECTED BY: SELF
HOUR COLLECTED: 7:45
SEND REPORTS TO: (NAME & ADDRESS) Awalt & Son Bakersfield
TYPE OF SAMPLE: ☒ DRINKING WATER ☐ RAW SURFACE WATER ☐ SEWAGE ☐ OTHER
OTHER SPECIFIC ANALYSES DESIRED AND REMARKS
REASON FOR TESTING: ☒ ROUTINE ☐ SURVEY ☐ RECHECK

RESULTS (TO BE FILLED IN BY LABORATORY ONLY)

MULTIPLE TUBE FERMENTATION METHOD

	HOURS					
PRESUMPTIVE TEST	24					
	48					
CONFIRMED TEST	24					
	48					
E.C.	24					

COLIFORM 100 ml: ABSENT ☒ PRESENT ☐
E.C. 100 ml: ABSENT ☐ PRESENT ☐

LABORATORY REMARKS
MEETS BACTERIOLOGICAL STANDARDS
18 JUL 02 4:03

MEMBRANE FILTER METHOD
TOTAL COLIFORM/100ml
FECAL COLIFORM/100ml

SPC/ml AT 35° C	Cl2 RES. mg/l	ANALYST
		KB