## NEVADA COUNTY COMMUNITY DEVELOPMENT AGENCY DEPARTMENT OF ENVIRONMENTAL HEALTH Inspection request (530) 265-1599 Wastewater System Construction Permit Application

| Assessor's Parcel Number 27                                                                   |                                                                                                                                     | ing Permit Number <u>060-03165</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Job Address 16710 Rive                                                                        | r Ranch Rd Gras                                                                                                                     | Malley 95949                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                               |                                                                                                                                     | I Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Owner Edy Shirlay Vanderzyl                                                                   | Mailing Address 3331 La Mesa                                                                                                        | 11-11-11-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Ed & Shirley Vanderzyl                                                                        | Mailing Address                                                                                                                     | Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Same                                                                                          | Same                                                                                                                                | Serne<br>Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Contractor/Installer                                                                          | License Number                                                                                                                      | Liftie Milliper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Size of Property (acres)                                                                      | Subdivision                                                                                                                         | Lot Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Number of Bedrooms                                                                            | Existing Buildings on Property                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| System Type (check all that apply): AlStand                                                   | dard                                                                                                                                | □Deep Trench □Cap-Fill □Pump                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ∩Pre-Treatment                                                                                | □Curtain <u>Drain</u> <u>□Variance</u>                                                                                              | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| LAND USE AND DEVELOPMENT COI<br>THAT I AM RESPONSIBLE FOR COM<br>CERTIFY THAT THE PROPERTY OV | DE, CHAPTER VI (SEWAGE DISPOSA<br>PLIANCE WITH THE CODE, THIS PER!<br>VNER HAS AUTHORIZED THIS APPLIC                               | NFORM TO THE CURRENT NEVADA COUNTY AL ORDINANCE AND REGULATIONS), AND MIT AND PERMIT CONDITIONS. I HEREBY CATION FOR A CONSTRUCTION PERMIT.  Date 8, 24.06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Applicant's Signature Applicant                                                               | 7                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                               | FOR DEPARTMENT USE ONLY                                                                                                             | r<br><del>Tanan Jawa Barana da Tanan Barana da Tanan Barana da Tanan Barana da Tanan da Tanan Barana da Tanan Barana da</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| T Francisco (Madific                                                                          | SEWAGE DISPOSAL                                                                                                                     | Fank Only ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| New                                                                                           | 0.10                                                                                                                                | Talik Only Dittle!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| TECHNICIAN REVIEW:                                                                            | 1 8-24-06                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Signed)                                                                                      | ( Date)                                                                                                                             | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Septic Tank Volume: 1500 Gallon                                                               | Length: 194ft.                                                                                                                      | Width: SE in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Pump Tank Volume: NAGallon                                                                    | 1 1 X                                                                                                                               | n natural grade: <u>24 in.</u><br>Rock under Pipe: <u>L</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Comments or Permit Conditions:                                                                |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                               |                                                                                                                                     | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                                                               | WATER SUPPLY                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| IF ON A PRIVATE WELL:                                                                         | <del></del>                                                                                                                         | The state of the s |
|                                                                                               | w Water Certification* Required ior to Occupancy                                                                                    | Gallons Potable Water Storage Required Prior to Occupancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| NOTE:                                                                                         |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MONITORING & MAINTENANCE TO THIS DEPARTMENT FOR PER ANNUAL CERTIFICATE OF OPER                | SEE BUILDING DEPARTMENT FOR PER<br>RIGHT OF ENTRY' DOCUMENT MUST BE F<br>RMIT FINAL APPROVAL<br>ATION REQUIRED PRIOR TO PERMIT FINA | RECORDED, AND A CONFORMED COPY PROVIDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| - CONSULTANT S CERTIFICATION                                                                  | REQUIRED FOR PERMIT FINAL APPROVA                                                                                                   | NL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                               |                                                                                                                                     | HE ENVIRONMENTAL HEALTH DEPT. IRING SYSTEM CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| V for letter                                                                                  | 0 f                                                                                                                                 | 11/12/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| issued by August 47 G                                                                         | Issue Issue                                                                                                                         | ue Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Final Approval by Tull ("AM)                                                                  | Charl Fin                                                                                                                           | al Approval Date 11127/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                                                                               |                                                                                                                                     | NE TIME FOR 2 ADDITIONAL YEARS IF RENEWAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                               | SUE DATE. PERMIT MAY BE RENEWED O<br>LICATION IS MADE PRIOR TO DATE PERM                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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(Name of Consultant)

tqt

# NEVADA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH SEWAGE DISPOSAL SYSTEM CONSTRUCTION INSPECTION REPORT

| Owner/Applicant: VANDERZYC APN: 27-020-01 Date: 1/14/06 Job #: 660-03/64                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Site Address: 16710 RIVER POUCH RD                                                                                                                                                                                                                                                                                                                                                                          |
| Installer: MODRE PLUMBING System installed for: 1/2)3 4 5 bedrooms Commercial                                                                                                                                                                                                                                                                                                                               |
| System Type: STONORD New Repair Modification                                                                                                                                                                                                                                                                                                                                                                |
| Inspection number Comments                                                                                                                                                                                                                                                                                                                                                                                  |
| Water Supply: □ Public water □ Private well □ Other                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                             |
| SEPTIC TANK:                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                             |
| □ DO NOT BACKFILL: Correct listed items; re-inspection is required. Call inspection line: 265-1599 □ System is not completed or ready for inspection. □ Re-inspection of pump/alarm function is required. Notes:                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                             |
| ्रमूर्णः.<br>= देशीः ।<br>- स्ट्रांट                                                                                                                                                                                                                                                                                                                                                                        |
| FOR PERMIT FINAL APPROVAL, PLEASE PROVIDE THE FOLLOWING: (\( \sigma \)-mark means received)    Accurate "as-built" drawing                                                                                                                                                                                                                                                                                  |
| □ Other:                                                                                                                                                                                                                                                                                                                                                                                                    |
| WELL NOTES: ☐ An original pump test, or well driller's report dated within the last year is required for building permit release. ☐ A "Raw Water Certification", conducted by this department, is required prior to occupancy. This requires an application and fee remittance to this department and scheduling of the wellhead inspection. Allow several weeks for sampling and results.  E H Specialist: |

## NEVADA COUNTY COMMUNITY DEVELOPMENT AGENCY DEPARTMENT OF ENVIRONMENTAL HEALTH

Job No: 41-16916

## **ON-SITE SOIL EVALUATION**

| Applicant's Name Jan Wilson                                                            | Telephone <u>432-1190</u>                             |
|----------------------------------------------------------------------------------------|-------------------------------------------------------|
| Mailing Address P.O. Box 411                                                           | City Plan Valley State (A Zip 95946                   |
| Assessor's Parcel Number 27 020 01                                                     | Lot Number                                            |
| Property Location 16710 River Ranch                                                    | City Grass Valley                                     |
| Property Owner's Name Lane Levi Address                                                | ess                                                   |
|                                                                                        |                                                       |
| Proposed Land Use SF9                                                                  | esidence, Proposed Number of Bedrooms                 |
| Size of Property (acres) If Re Proposed Water Supply: □ Public, ☑ Well, □ Spring, □ Ot | bor                                                   |
| Proposed water Supply. D Public, M. Well, D Spring, D Oil                              | net                                                   |
| ONSITE SOIL EVALUA                                                                     | TION FINDINGS                                         |
| Date Soil Evaluation Conducted 7-13-03 Consul                                          |                                                       |
| See consultant's report dated 7-30-03                                                  |                                                       |
| The site and soil conditions for an onsite sewage disposal s                           | evetem:                                               |
|                                                                                        | Initial Repair                                        |
| Meet County Regulations for:                                                           |                                                       |
| Standard System Pressure Dosed                                                         |                                                       |
|                                                                                        |                                                       |
| Pre-Treatment                                                                          |                                                       |
| Other                                                                                  |                                                       |
| ☐ Curtain Drain requir                                                                 | · · · · · · · · · · · · · · · · · · ·                 |
| The average percolation rate is <u>43</u> minutes per in                               | ich (mpi).                                            |
| Minimum length of leach trench required per bedroom (star                              | ndard system only): <u>"1"/</u>                       |
| Maximum depth of leach trench 24                                                       |                                                       |
|                                                                                        | •                                                     |
| ☐ DO NOT meet County Regulations due to:                                               | ,                                                     |
| Insufficient effective soil depth ()                                                   | ☐ Excessive slope ()                                  |
| ☐ Insufficient area ()                                                                 | <ul> <li>Cannot meet horizontal setbacks</li> </ul>   |
| Insufficient depth to seasonal groundwater                                             | Wet Weather Testing required                          |
| □ Rock                                                                                 | ☐ Other                                               |
| Possible alternatives to mitigate the site or soil                                     | conditions:                                           |
| ☐ Connect to public sewer                                                              | ☐ Obtain easement onto adjacent parcel                |
| ☐ Apply for variance for                                                               |                                                       |
| <ul> <li>Additional testing elsewhere on parcel</li> </ul>                             | □ Other                                               |
|                                                                                        |                                                       |
| PRIOR TO BUILDING PERMIT ISSUANCE                                                      | , THE FOLLOWING IS REQUIRED:                          |
| Apply for wastewater disposal system construction perm                                 | nit and pay appropriate fee(s)                        |
| Submit 2 original copies of consultant's wastewater systematics                        | tem design                                            |
| Submit 5 copies of a site plan conforming to County site                               | plan requirements including 2 site plans              |
| with consultant's original stamp/signature                                             |                                                       |
| Contract with a licensed well driller to apply for a well pe                           | ermit from this department, drill a well and submit a |
| well yield report                                                                      | ,,                                                    |
| ☐ Provide an original well`yield report dated within the pas                           | st vear                                               |
| ☐ Submit a potable water "will serve" letter from                                      | - ,                                                   |
| Other                                                                                  |                                                       |
|                                                                                        | -                                                     |
| Other comments or conditions:                                                          |                                                       |
| other comments of conditions.                                                          |                                                       |
|                                                                                        |                                                       |
| ANY CHANGES IMPACTING THE TEST                                                         | TED SEWAGE DISPOSAL AREA                              |
| MAY INVALIDATE THE FINDING                                                             |                                                       |
|                                                                                        | O C. THIS EVALUATION                                  |
| Valeni ama                                                                             | 12-5-03                                               |
| EH Specialist's Signature                                                              | 12-5-03<br>Date                                       |
| —_THIS IS NOT A                                                                        | •                                                     |
|                                                                                        | 2                                                     |

White—Environmental Health Dept H:\EH\WORD\KURTIS\OSSE\SAR v.14.doc

Yellow—Applicant

Pink—Consultant

#### LINCOLN & LONG CIVIL ENGINEERING 568 East Main Street, Suite D Grass Valley, CA 95945 Phone (530) 273-0503 Fax (530) 274-3415

January 18, 2006

To-Whom-It-May-Concern: DAVID PICTA-

APN: 27-020-01

Located at: 16710 River Ranch Road

SEP 14 2009
ENVIRONMENTAL HEALTH
DEPARTMENT

## These test results meet the requirements for a STANDARD SEPTIC SYSTEM.

The average percolation rate was <u>46</u> minutes/inch, which dictates the following leach line requirements for your parcel:

- 1 bedroom home <u>97</u>linear feet
- 2 bedroom home 194 linear feet
- 3 bedroom home 291 linear feet

A 1500 gallon septic tank is recommend and the leach lines should be <u>3</u> feet wide by <u>24</u> inches deep with 6 inches of drain rock under the pipe and a minimum of 12 inches clean fill over the straw.

Note: We highly recommend installing trenches during the dry season (normally between June 1st and October 15<sup>th</sup>) to minimize backhoe glazing of the trench sidewalls.

Due to the County Ordinance of January 5, 2004, a "Comprehensive Site Plan" will need to be completed prior to turning the Perc & Mantle results into Nevada County Environmental Health. Please contact this office for information and prices for completing the "Comprehensive Site Plan".

In the event that client provides their own comprehensive site plan, an additional fee of \$350.00 is charged for the staff time required to approve plans prepared outside of this office (typical costs include correlating data between conflicting site maps, phone calls to draftsperson, revisions to the site plan, revised designs, etc.).

Prices Subject to Change

Thanks, Lincoln & Long Civil Engineering FILE COPY

### LINCOLN & LONG

#### Civil Engineering and Environmental Services

568 E Main Street Suite D Grass Valley CA 95945 (530) 273-0503 Fax (530) 274-3415

|                                    | P                                                                              | ERCOLATION TEST               |                                                                                                                                |
|------------------------------------|--------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Location of prope                  | erty: <u>16710 Rive</u>                                                        | r Ranch Road                  |                                                                                                                                |
| Owner/Agent                        | Van Dergyl A                                                                   | APN: <u>27-020-01</u>         |                                                                                                                                |
| Weather: <u>Fai</u>                | rNumber o                                                                      | of Holes Tested: 3            | •                                                                                                                              |
| Test Date:1/                       | <u>16/06</u> _                                                                 |                               |                                                                                                                                |
| Depth of holes te                  |                                                                                |                               |                                                                                                                                |
| DATA OBTAIN                        | ED FROM PERCOLAT                                                               | ION TEST<br>HOLE #2           | HOLE #3                                                                                                                        |
| T <u>IME</u>                       | Depth to Water .                                                               | Depth to Water                | Depth to Water                                                                                                                 |
| 10:10                              | 4 5/8                                                                          | 2 5/16                        | 3                                                                                                                              |
| 10:40                              | 5 ½®4 ½                                                                        | 3 7/8(R)2 1/4                 | 4 7/16(R)3                                                                                                                     |
| 11:10                              | 5 3/16(R) 4 ½                                                                  | 3 ½®2                         | 4 3/16(R)3                                                                                                                     |
| 11:40                              | 5 1/16(R)4 3/8                                                                 | 3 3/16(R) 2 1/16              | 4® 2 7/8                                                                                                                       |
| 12:10                              | 4 7/8(R)4 1/2                                                                  | 3 1/8®2                       | 3 <sup>3</sup> / <sub>4</sub> (R) 2 <sup>3</sup> / <sub>4</sub>                                                                |
| 12:40                              | 5(R)4 5/8                                                                      | 3(R)2 1/8                     | 3 3/8                                                                                                                          |
| 1:10                               | 5 1/8                                                                          | 3 1/8®2 .                     | 4(B) 3                                                                                                                         |
| 1:40                               | STAB                                                                           | 3                             | 3 5/8                                                                                                                          |
| Stabilized rate (m                 | in/in.) for hole:                                                              |                               |                                                                                                                                |
| •                                  | ·                                                                              |                               |                                                                                                                                |
|                                    | 60 #2<br>ion rate <u>46</u>                                                    |                               |                                                                                                                                |
| Average percolan                   | 1011 fale <u>40</u>                                                            | IIIIII-/ III-                 |                                                                                                                                |
| Tests made by                      | John DeLuca                                                                    |                               |                                                                                                                                |
| Under the direction                | on of <u>Dave Lincol</u>                                                       | CE2712                        | 6                                                                                                                              |
| guarante<br>these tes<br>septic en | e is made. No inference<br>ts. We guarantee these t<br>gineering, we in no way | ests are accurately done, but | ty survey and absolutely no y lines/corners should be made fi due to the many complexities of adequate to obtain a septic perm |

Established 1977

civil engineering • structural engineering • surveying •grading plan perc & mantles • septic system designs comprehensive site plans

| NEVADA ÇOUNTY SOIL TEST-PIT LOG Tes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t Date: JAN 9.06 Page 1 1 of 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parent Rock Type: V G MS A Other Consultant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SOIL PIT# 3 1ST HORIZON Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SOIL PIT# 4 1ST HORIZON Depth: O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Same as SOIL PIT #, Horizon #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Same as SOIL PIT #, Horizon #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Texture: s is si sc sc c c sic sic sic sic si si DRX IWRX MWRX DG Rock Fragments: gravel                                                                                                                                                                                                                                                                                                                                                                                                                                       | Texture: s Is sI sc scl I c cl sic sicl sil si DRX IWRX MWRX DG Rock Fragments: gravel% cobble% stone% Color:Redoxymorphic Features: none few common many RC colorRD colorRM color Structure: gran platy block prism f m c single grain massive Soil Pores: none few common many f m c inters tubular Moist Consistence: I vfr fr f vf ef                                                                                                                                                                                          |
| Plasticity: np sp mp vp Stickiness: ns sp ms vs Roots: none few common many vi m c Boundary: Distinctness: a c p d Topography: s w i b Moisture: dry rois wet saturated NOTES:                                                                                                                                                                                                                                                                                                                                                 | Plasticity: np sp mp vp Stickiness: ns ss ms vs Roots: none few common many vf f m c Boundary: Distinctness: a c g d Topography: s w i b Moisture: dry moist wet saturated NOTES:                                                                                                                                                                                                                                                                                                                                                  |
| Same as SOIL PIT # , Horizon #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Same as SOIL PIT #, Horizon #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Texture: s Is sI sc sci I c cl sic sic sic si si DRX IWRX MWRX DG Rock Fragments: gravel % cobble % stone %  Color:  Redoxymorphic Features for /few common many RC color RD color RM color  Structure: gran platy for prism f c single grain massive  Soil Pores: none few common many B m c inters ubular  Moist Consistence:   vir ff f vi ef Plasticity: np m p vp Stickiness: ss ms vs  Roots: none few common many T m c  Boundary: Distinctness: a c g d Topography: s w i b  Moisture: dry moist wet saturated  NOTES: | Texture: s is si sc sci i c ci sic sici sii si DRX IWRX MWRX DG Rock Fragments: gravel% cobble% stone% Color:  Redoxymorphic Features: none few common many RC color RM color RM color Structure: gran platy block prism f m c single grain massive Soil Pores: none few common many f m c inters tubular Moist Consistence: I vfr fr fv f ef Plasticity: np sp mp vp                                                                                                                                                              |
| Same as SOIL PIT # Horizon #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Same as SOIL PIT # 39 Horizon # 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Texture: s Is sI sc sci I c cl sic sicl sil si DRX   WRX MWRX DG   Rock Fragments: gravel                                                                                                                                                                                                                                                                                                                                                                                                                                      | Texture: s is si sc sci i c cl sic sicl sil si DRX IWRX MWRX DG Rock Fragments: gravel% cobble% stone% Color:_  Redoxymorphic Features: none few common many RC color RD color RM color_  Structure: gran platy block prism f m c single grain massive Soil Pores: none few common many f m c inters tubular Molst Consistence: I vfr fr f vf ef Plasticity: np sp mp vp Stickiness: ns ss ms vs Roots: none few common many vf f m c Boundary: Distinctness: a c g d Topography: s w i b Molsture: dry moist wet saturated NOTES: |
| Same as SOIL PIT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Same as SOIL PIT #, Horizon #<br>Effective Soll Depth: Groundwater                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Consultant Signature  Nevada County Staff Signature  Nevada County Staff Signature                                                                                                                                                                                                                                                                                                                                                                                                                                             | APN 27-020-0/ JOB# (5-5/6) Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| NEVADA COUNTY DEPARTMENT OF ENVIRONMENTAL REALITY  Sewage Disposal System "As-Built" Drawing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ite Address: 16710 RIVER RANCH ROAD APN: 27 020-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| staller's Name: Mooke Plum Bing. Inc. Phone#: 530-346-2239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| staller's California Contractor's License No.: 365317 or Owner-Builder"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| staller's Business Address: Po Box 427 Chicasy PARK CA 95712                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| accurately as possible, show locations of the septic tank, leach field, cross-over pipes, clean-outs, pump tank, curtain drain, and any other imponents of the system you installed. Reference the septic tank and the ends of all leach lines from two building foundation corners (preferred), two other permanent objects. Give distance measurements: house to tank, tank to first leach line, all leach line ends to crossovers, leach line two other permanent objects. Give distance measurements: house to tank, tank to first leach line, all leach line ends to crossovers, leach line and lengths of crossovers between trenches. Show repair area, and any additional measurements requested by the permit. Draw North row. Use an attachment if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| North |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| MERRILL ISOTOGAL CONCR Septic Tonk W/EFF. FICTER  400 EZ FLOW LEACH FIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| The as-built drawing must be on site at the time of final inspection. If the as-built is not available, it will require a reinspection and additional fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Installer Signature: Moru Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

<u>, ili jako kati masalise no bilas</u> 



## **COUNTY OF NEVADA** COMMUNITY DEVELOPMENT AGENCY ENVIRONMENTAL HEALTH DEPARTMENT

. 950 MAIDU AVENUE, NEVADA CITY, CA 95959-8617 (530) 265-1222 FAX (530) 265-9853 www.mynevadacounty.com 10075 LEVON AVENUE, SUITE 105, TRUCKEE, CA 96161 (530) 582-7884 FAX (530) 582-0712

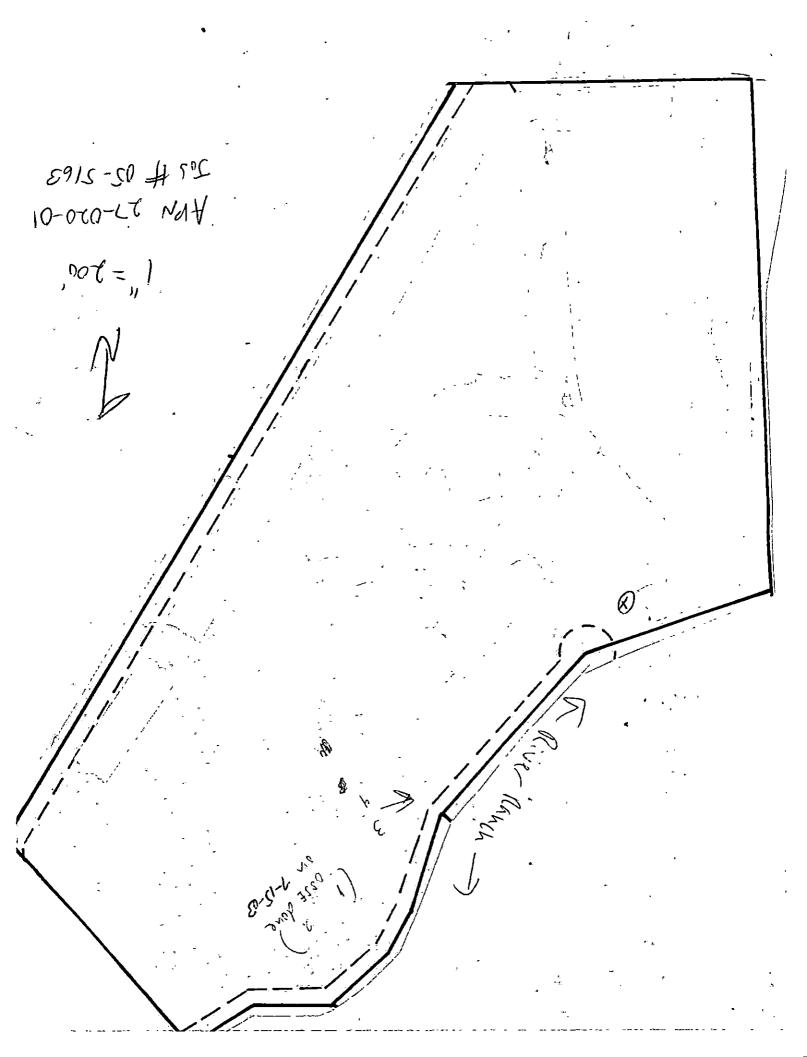
| Application for On-Site Soils Evaluation (OSSE) |                 |         |                  |        |
|-------------------------------------------------|-----------------|---------|------------------|--------|
|                                                 | Application for | On-Site | Soils Evaluation | (OSSE) |

| Application for On-Site Soils Evaluation (OSSE)                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name (print) Ed OR Shirley Vanderzy   Daytime Phone (650) 654-2668  Site Address 16710 River Ranch Rd., Grass Valley                                                                                                                                                                                                                                                                                           |
| Nearest Cross Street Dog Bar Assessor's Parcel # 21-020-01                                                                                                                                                                                                                                                                                                                                                     |
| Consultant Phone                                                                                                                                                                                                                                                                                                                                                                                               |
| Type of Project: ResidentialSubdivision (# of lots:)Commercial/Industrial                                                                                                                                                                                                                                                                                                                                      |
| This is for a (check all that apply)New TestRe-testNew Area on ParcelRepair                                                                                                                                                                                                                                                                                                                                    |
| Please initial that each item below has been addressed:                                                                                                                                                                                                                                                                                                                                                        |
| I certify that the subject property to be tested has no history or visible signs of mining activity. I recognize that if signs or history of mining is later found, the inspection will not be made (or will be called off if the inspection has begun), until clearance is obtained from the Department's Hazardous Materials Division.                                                                       |
| Fee paid and "Fee Agreement" form completed.                                                                                                                                                                                                                                                                                                                                                                   |
| Make sure the property is clearly marked with a street number or applicant's name.                                                                                                                                                                                                                                                                                                                             |
| A scaled site map showing wells, streams, ponds, proposed house site, easements, etc., makes the process go more quickly and smoothly for you.                                                                                                                                                                                                                                                                 |
| Any additional information that may be of value in making a complete assessment of the site, such as previous soils test results, permits, known geologic or mining hazards, etc.                                                                                                                                                                                                                              |
| I represent that I am the owner of the subject property, or a legal representative of the property owner, and that I am requesting the described service be provided by the Nevada Count Department of Environmental Health. I recognize that the fee paid is for a specific service on a specified date and time. Failure to be ready, or to cancel before the inspector arrives, will incur additional fees. |
| Signed Shrly Vandery Date 12.9.05                                                                                                                                                                                                                                                                                                                                                                              |
| Please print name Shirley Vander 241 RECEIVED                                                                                                                                                                                                                                                                                                                                                                  |
| Department assigned Job Number: 05005/63 DEC 0 9 2005                                                                                                                                                                                                                                                                                                                                                          |

NEVADA COUNTY COMMUNITY DEVELOPMENT AGENCY

| Job No. 41- 05-5163 APN 27-020-01 Date 1-9-06  Physical Location 16710 River Ranch Rd                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Location 16710 River Ranch Rd                                                                                                                              |
| Consultant D. Lincoly Excavator Inspected by V. Awg                                                                                                                 |
| Others Present UWN(5                                                                                                                                                |
| Type of Inspection: OSSE Pre-Issue Single Family Commercial Subdivision Other                                                                                       |
| Water Supply: Existing? (Y) N (Device Dother No. of Acres 40                                                                                                        |
| Recent Weather History: Wet Weather Test Season  N   N                                                                                                              |
| rainfall > 40" TTD Overcast today, last few days                                                                                                                    |
| 2. Vegetation Cover (trees, brush, ground-cover, riparian vegetation, maturity of growth, amount of cover.                                                          |
| Black oak mature, moderate cover<br>Funderosa pine 3                                                                                                                |
| Site Topography: Percent Slope % Convex Concave Sun Exposure  Contours: Smooth Irregular                                                                            |
| M-3, M-4 = se'e attached OSSE agreement                                                                                                                             |
| Specific Topographical Concerns: Rock Outcroppings Pond Wells Cut Bank Fill Perennial Stream     Seasonal Drainage Roadside Drainage Structures Powerline Easements |
|                                                                                                                                                                     |
| 5. Other Comments:                                                                                                                                                  |
| F:kh/forms OSSE Pre-Issue Site Inspection Report Page 1 of 2                                                                                                        |

| JOB NO. 41- 05-5163 AF                              | PN: <u>27-</u> | 20-01       | Lot #:                         | Date:                  | 7-06        |
|-----------------------------------------------------|----------------|-------------|--------------------------------|------------------------|-------------|
| ·                                                   |                | 3           |                                | 30 <sup>11</sup>       |             |
| Open Trench Required                                | □Yes           | ANO A       | dditional Wet W<br>Testing Red | eather<br>quired: □Yes | s D/No      |
| Curtain Drain Required                              | □Yes           | X(No        | Depth                          | ·<br>                  | ,           |
| Comments/Steep Slopes                               | s/Other Iss    | sues:       |                                |                        |             |
|                                                     |                |             |                                |                        |             |
|                                                     |                |             |                                |                        |             |
|                                                     |                |             |                                |                        |             |
|                                                     |                |             |                                |                        | <del></del> |
| Defined Area Agreed To                              | );             |             |                                |                        |             |
| M-1, M-2                                            | = 501          | radins &    | ) each man                     | He                     |             |
|                                                     |                |             |                                |                        |             |
| MAXIMUM Trench Dept<br>(Pending Satisfactory Perc 1 |                | ed Area and | Proposed Dispo                 | sal System 1           | Гуре(s)     |
|                                                     | Max            | trinila     | depth = 2                      | -8"                    |             |
|                                                     |                |             |                                |                        |             |
|                                                     | _ S + A        | nunca/      | deer tranch                    | JANLEIR                |             |
|                                                     |                | (           | 24                             |                        | 7           |
| Valeur an                                           |                |             |                                | Jude                   |             |
| (Signature of EH S                                  | pecialist)     |             | (Signature of                  | ' Soils Consu          | itant)      |



| NEVADA COUNTY SOIL TEST-PIT LOG Test                                                                                                                                                                                                                                                                                                                                                                       | Date: JAN 9.06 Page 1 of 1  DAVE LINCONES VALERIE                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                            | DAVE LINCOLDES VALERIE                                                                                                                                                                                                                                                                                                                                                                                  |
| SOIL PIT# 3 1 <sup>ST</sup> HORIZON Depth: 10 to Slope: 25 % Aspect:  Texture: s Is sI sc scl I c c sic sic sil si DRX IWRX MWRX DG Rock Fragments: gravel 6 % cobble 7 % stone 6 %                                                                                                                                                                                                                        | SOIL PIT# 1st HORIZON Depth:                                                                                                                                                                                                                                                                                                                                                                            |
| Redoxymorphic Features: none few common many  RC color RD color RM color RM color Structure: gran platy block prism from c single grain massive soil Pores: none few common many.                                                                                                                                                                                                                          | Color:Redoxymorphic Features: none few common many RC color RM color Structure: gran platy block prism f m c single grain massive Soil Pores: none few common manyo f m c inters tubular                                                                                                                                                                                                                |
| Moist Consistence:   (ff) fr   vi ef  Plasticity: np sp mp vp Stickiness: ns ss ms vs  Roots: none few common many vi m c  Boundary: Distinctness: a c ord Topography: s vi b                                                                                                                                                                                                                              | Moist Consistence: I vfr fr f vf lef Plasticity: np sp mp vp A Stickiness: ns ss ms vs Roots: none few common many vf f m c Boundary: Distinctness: a c g d Topography: s w i b Moisture: dry moist wet saturated NOTES:                                                                                                                                                                                |
| Moisture: dry moist wet saturated NOTES:  Same as SOIL PIT #, Horizon #                                                                                                                                                                                                                                                                                                                                    | Same as SOIL PIT #, Horizon #                                                                                                                                                                                                                                                                                                                                                                           |
| Z <sup>ND</sup> HORIZON Depth: 10 to Texture: s is si sc sci ti si si DRX IWRX MWRX DG Rock Fragments: gravel % cobble % stone % Color: 2.5 (2.5) Redoxymorphic Features: none few / common many RD color: RN color RN color RN color                                                                                                                                                                      | Texture: s Is sI sc scl I c cl sic sicl sil si DRX IWRX MWRX DG Rock Fragments: gravel% cobble% stone% Color:                                                                                                                                                                                                                                                                                           |
| 110 00101 115 00101 1111 00101                                                                                                                                                                                                                                                                                                                                                                             | Redoxymorphic Features: none few common many RC color RD color RM color                                                                                                                                                                                                                                                                                                                                 |
| Structure: gran platy block prism f m c single grain massive Soil Pores: none few common many Moist Consistence:   vm fr f vf ef Plasticity: np sp mp vp Roots: none few common many Stickiness: ns ss ms vs Roots: none few common many Topography: s w i b                                                                                                                                               | Structure: gran platy block, prism f m c single grain massive Soll Pores: none few common many f m c inters tubular Moist Consistence: I vfr fr f vf ef Plasticity: np sp mp vp Stickiness: ns ss ms vs Roots: none few common many vf f m c                                                                                                                                                            |
| Moisture: dry mois wet saturated  NOTES:                                                                                                                                                                                                                                                                                                                                                                   | Boundary: Distinctness: a c g d Topography: s w i b  Moisture: dry_moist wet saturated  NOTES:                                                                                                                                                                                                                                                                                                          |
| Same as SOIL PIT # Horizon #(1)                                                                                                                                                                                                                                                                                                                                                                            | Design Coll Pitt H                                                                                                                                                                                                                                                                                                                                                                                      |
| Moisture: dry mois wet saturated NOTES:  Same as SOIL PIT # Horizon # 1  Same as SOIL PIT # To 7  Texture: s is si sc sci i c cl sic sicl sil si DRX IWRX MWRX DG Rock Fragments: gravel % cobble % stone % Color:  Redoxymorphic Features: none few common many RC color RD color Structure: gran platy block prism of mile single grain massive Soil Pores: none few common many RC color inters tubular | Texture: s is si sc sci-1 c cl sic sicl sil si DRX IWRX MWRX DG Rock Fragments: gravel% cobble% stone%  Color:Redoxymorphic Features: none few common many RC colorRM colorRM color Structure: gran platy block prism f m c single grain massive Soil Pores: none few common many f m c inters tubular                                                                                                  |
| Moist Consistence:   vfr (fr) f vf ef Plasticity: np sp mp vp Stickiness: ns ss ms vs Roots: none (ew common many vfr) m c Boundary: Distinctness: a c g d Topography: s w i b Moisture: dry moist wet saturated NOTES:                                                                                                                                                                                    | Moist Consistence: I vfr fr f vf ef  Plasticity: np sp mp vp Stickiness: ns ss ms vs  Roots: none few common many vf f m c  Boundary: Distinctness: a c g d Topography: s w i b  Moisture: dry moist wet saturated  NOTES:                                                                                                                                                                              |
| Same as SOIL PIT #, Horizon #                                                                                                                                                                                                                                                                                                                                                                              | Same as SOIL PIT #, Horizon #                                                                                                                                                                                                                                                                                                                                                                           |
| Texture: s is si sc sci i c cl sic sicl sil si DRX IWRX MWRX DG Rock Fragments: gravel% cobble% stone% Color:                                                                                                                                                                                                                                                                                              | 4 <sup>TH</sup> HORIZON Depth: to  Texture: s Is sI sc scl I c cl sic sicl sil si DRX IWRX MWRX DG Rock Fragments: gravel% cobble% stone% Color:                                                                                                                                                                                                                                                        |
| Redoxymorphic Features: none few common many RC color RD color RM color  Structure: gran platy block prism f m c single grain massive Soil Pores: none few common many f m c inters tubular Moist Consistence: I vfr fr f vf ef Plasticity: np sp mp vp Stickiness: ns ss ms vs Roots: none few common many vf f m c Boundary: Distinctness: a c g d Topography: s w i b Moisture: dry moist wet saturated | Redoxymorphic Features: none few common many RC colorRD colorRM color Structure: gran platy block prism f m c single grain massive Soil Pores: none few common many f m c inters tubular Moist Consistence: I vfr fr f vf ef Plasticity: np sp mp vp Sticklness: ns ss ms vs Roots: none few common many vf f m c Boundary: Distinctness: a c g d Topography: s w i b Moisture: dry moist wet saturated |
| NOTES:                                                                                                                                                                                                                                                                                                                                                                                                     | NOTES:                                                                                                                                                                                                                                                                                                                                                                                                  |
| Same as SOIL PIT # Horizon #                                                                                                                                                                                                                                                                                                                                                                               | Same as SOIL PIT #, Horizon #  Effective Soil Depth: Groundwater                                                                                                                                                                                                                                                                                                                                        |
| Consultant Signature                                                                                                                                                                                                                                                                                                                                                                                       | APN 27-020-0/ JOB# 05-5/67 Notes:                                                                                                                                                                                                                                                                                                                                                                       |
| Nevada County Staff Signature Allian Sallog Revised 11-14-03                                                                                                                                                                                                                                                                                                                                               | i motes.                                                                                                                                                                                                                                                                                                                                                                                                |

#### Soil Test-Pit Log: Key to Terms and Abbreviations

Slope as measured in percent.

Parent Rock Type: V = Volcanic; G = Granite; MS = Metasedimentary; A = Alluvium

Effective Soil Depth is defined as: "the depth of soil material from ground surface that effectively provides filtration of effluent. Effective soil excludes soil layers that meet the criteria for 'Soil With Rapid Permeability' and 'Conditions Associated With Saturation' and Limiting Layers'." Soil With Rapid Permeability is defined as: "soil with: (A) percolation rates less than six (6) minutes per inch, or (B) soil texture classes of sand or loamy sand, or (C) soils containing more than 50% rock fragments greater than 2 mm in diameter, or (D) soils with stones, cobbles, gravel and rock fragments with too little soil material to fill interstices larger than one (1) mm in diameter." Conditions Associated With Saturation are defined as: "(A) reddish brown or brown oxidized soil horizons with dull gray zones of redox-depletions (chromas of 2 or less), and red or yellowish red zones of redox concentrations; or (B) reduced, or iron depleted, horizons of gray, blue, or olive colors (chromas of 2 or less) with dull red, yellowish red, or brown zones of redox concentrations; or (C) organic soils and dark-colored soils very high in organic matter. Limiting Layer is defined as: "a layer that impedes the movement of water, air or the growth of plant roots. For example: hardpan, claypan, fragipan, bedrock, and expansive clay."

Depth of soil horizon from top to bottom of horizon as measured from grade.

Texture:

Is = loamy sand s! = sandy loam s = sand sc = sandy clay scl = sandy clay loam ! = loam

cl = clay loam sic = silty clay c = clav sicl = silty clay loam sil = silt loam si = silt

MWRX = moderately weathered rock DRX = bedrock

IWRX = intensely weathered rock DG = decomposed granite

Rock Fragments: gravel (avg. diameter: 0.078 inches [2 mm] to 3 inches)

> cobbles (avg. diameter: 3 inches to 10 inches) stones and boulders (avg. diameter: >10 inches)

Color of a moist soil matrix, broken ped face, using Munsell Soil Color Chart or other standard soil color books.

Redoxymorphic Features: few <2% common 2-20% many >20%

RC = Redox concentrations; note color of moist soil using Munsell chart or other standard soil color books. RD = Redox depletions; note color of moist soil using Munsell chart or other standard soil color books.

RM = Reduced matrices; note color of moist soil using Munsell chart or other standard soil color books.

Structure: granular/platy blocky/prismatic fine <1/8 inch (<2 mm) <3/8 inch (10 mm)

: medium 1/8-3/16 in (2-5 mm) 3/8-3/4 in (10-20 mm) coarse

>3/16 inch (>5 mm) >3/4 inch (>20 mm)

Soil Pores: <1/8 inch (2 mm) fine

> medium1/8-3/16 inch (2-5 mm) coarse >3/16 inch (>5 mm) -

inters = interstitial tubular = tubular

Consistence: | = loose

Plasticity:

vfr = very friable fr = friable f = firmvf = very firm

ef = extremely firm

np = non-plastic sp = slightly plastic mp = moderately plastic

vp = very plastic

h:\word\norm\sew-ord\Newforms\LogBack2,doc 8/25/98 Stickiness: ns = non-sticky

> ss = slightly sticky ms = moderately sticky

vs = very sticky

Roots: vf = very fine <1/16 inch (1 mm)

> f = fine 1/16-1/8 inch (1-2 mm) m = medium 1/8-3/16 inch (2-5 mm) c ≈ coarse >3/16 inch (>5 mm)

Boundary:

**Distinctness:** a = abrupt < 1 inch

c = clear 1 to 2 inches g = gradual2 to 6 inches --d = diffuse > 6 inches

Topography: s = smooth

w = wavv i = irregular b = broken



# COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY ENVIRONMENTAL HEALTH DEPARTMENT

950 MAIDU AVENUE, NEVADA CITY, CA 95959-8617 (530) 265-1222 FAX (530) 265-7056 www.mynevadaco 10075 LEVON AVENUE, SUITE 105, TRUCKEE, CA 96161 (530) 582-7884 FAX (530) 582-0712 JUN 1 6 2003

| NEVADA COUNTY                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application for On-Site Soils Evaluation (OSSE)                                                                                                                                                                                                                                                                                                                                                                 |
| Name (print) Lane Levi                                                                                                                                                                                                                                                                                                                                                                                          |
| Nearest Cross Street archer Road Assessor's Parcel # 27-020-01                                                                                                                                                                                                                                                                                                                                                  |
| consultant Lincoln and Long Phone 273-0503                                                                                                                                                                                                                                                                                                                                                                      |
| Type of Project: ResidentialSubdivision (# of lots:)Commercial/Industrial                                                                                                                                                                                                                                                                                                                                       |
| This is for a (check all that apply) X New TestRe-testNew Area on ParcelRepair                                                                                                                                                                                                                                                                                                                                  |
| Please initial that each item below has been addressed:                                                                                                                                                                                                                                                                                                                                                         |
| I certify that the subject property to be tested has no history or visible signs of mining activity. I recognize that if signs or history of mining is later found, the inspection will not be made (or will be called off if the inspection has begun), until clearance is obtained from the Department's Hazardous Materials Division.                                                                        |
| Fee paid and "Fee Agreement" form completed.                                                                                                                                                                                                                                                                                                                                                                    |
| Make sure the property is clearly marked with a street number or applicant's name.                                                                                                                                                                                                                                                                                                                              |
| A legible copy of the Assessor's plot map. NOTE: In addition, a scaled site map showing wells, streams, ponds, proposed house site, easements, etc., makes the process go more quickly and smoothly for you.                                                                                                                                                                                                    |
| Any additional information that may be of value in making a complete assessment of the site, such as previous soils test results, permits, known geologic or mining hazards, etc.                                                                                                                                                                                                                               |
| I represent that I am the owner of the subject property, or a legal representative of the property owner, and that I am requesting the described service be provided by the Nevada County Department of Environmental Health. I recognize that the fee paid is for a specific service on a specified date and time. Failure to be ready, or to cancel before the inspector arrives, will incur additional fees. |
| Signed Date 6-13-03                                                                                                                                                                                                                                                                                                                                                                                             |
| Please print name Hal brown                                                                                                                                                                                                                                                                                                                                                                                     |
| Department assigned Tob Number: 41-16916                                                                                                                                                                                                                                                                                                                                                                        |

| Job No. 41- 169(6 APN 27-020-01 Date 7-15-03 Page 1 of 3                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Location 16710 River Ranch Rd.                                                                                                                             |
| Consultant D. Cincoln Excavator Bob Inspected by V Aurg                                                                                                             |
| Others Present Uwner                                                                                                                                                |
| Type of Inspection: QOSSE  Pre-Issue  Single Family  Commercial  Subdivision  Other                                                                                 |
| Water Supply: Existing? Y N DWell DPublic DOther No. of Acres 40                                                                                                    |
| Recent Weather History: Wet Weather Test Season? Y N                                                                                                                |
| ltot, sunny past few days                                                                                                                                           |
| 2. Vegetation Cover (trees, brush, ground-cover, riparian vegetation, maturity of growth, amount of cover.                                                          |
| Black oak mature moderate cover                                                                                                                                     |
|                                                                                                                                                                     |
| 3. Site Topography: Percent Slope % Convex Concave Sun Exposure Contours: Smooth Irregular                                                                          |
|                                                                                                                                                                     |
|                                                                                                                                                                     |
|                                                                                                                                                                     |
| Specific Topographical Concerns: Rock Outcroppings Pond Wells Cut Bank Fill Perennial Stream     Seasonal Drainage Roadside Drainage Structures Powerline Easements |
| . <del></del>                                                                                                                                                       |
|                                                                                                                                                                     |
|                                                                                                                                                                     |
| 5. Other Comments:                                                                                                                                                  |
|                                                                                                                                                                     |

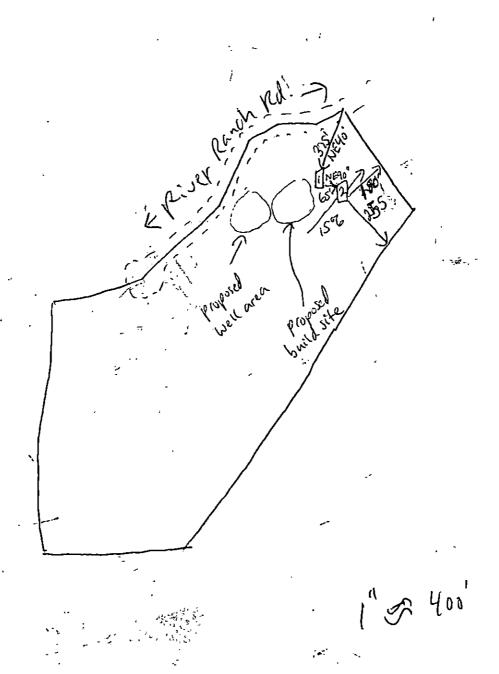
| Job No. 41- 16916 APN: 27-020-0                                        | \ Lot #: Date: 7-15-03                            |
|------------------------------------------------------------------------|---------------------------------------------------|
| Perc Tests Number: 3                                                   | Depth(s):                                         |
| Open Trench Required Pes No                                            | Additional Wet Weather  Testing Required: □Yes No |
| Curtain Drain Required □Yes No                                         | Depth                                             |
| Comments/Steep Slopes/Other Issues:                                    |                                                   |
| Steep slope east of                                                    | M-2 ~ 50'                                         |
|                                                                        |                                                   |
|                                                                        |                                                   |
|                                                                        |                                                   |
| Defined Area Agreed To:                                                | -                                                 |
| $M-1, M-2 \Rightarrow 5$                                               | o' radius on \$ 5300 slupe                        |
|                                                                        |                                                   |
| MAXIMUM Trench Depth in Defined Area (Pending Satisfactory Perc Test): | •                                                 |
| max trench dep                                                         | th = 80 24"                                       |
|                                                                        |                                                   |
| Standard sy                                                            | stem                                              |
| Valene ama                                                             | All france                                        |
| (Signature of EH Specialist)                                           | (Signature of Soils Consultant)                   |

Job No. 41- 16916

APN 27-020-01

Date 7-15-03 Page 3 of 3

## SITE SKETCH MAP



#### Lincoln & Long Civil Engineering 568 East Main Street, Suite D Grass Valley, CA 95945 Phone (530) 273-0503 Fax (530) 274-3415

AUG 2 8 2003

ENVISONMENTAL HEALTH

July 30, 2003

To Whom It May Concern:

Attached are the results of the percolation tests that we recently completed on

APN: 27-020-01

Located at: 16710 River Ranch Road

This test result log should be retained to be submitted to the Environmental Health Department for a septic permit.

These test results meet the requirements for a STANDARD SEPTIC SYSTEM.

The average percolation rate was <u>43</u> minutes/inch, which dictates the following leach line requirements for your parcel:

1 bedroom home 94 linear feet

2 bedroom home 187 linear feet

3 bedroom home 281 linear feet

\*Add this amount of leach line to your plot plan

4 bedroom home 375 linear feet

A 1500 gallon septic tank is recommend and the leach lines should be <u>3</u> feet wide by <u>24</u> inches deep with 6 inches of drain rock under the pipe and a minimum of 12 inches clean fill over the straw.

The County requires a scaled site plan to obtain a septic permit. The ordinance allows for you to do this site plan for a Standard System. We will provide this service if you desire for a fee of \$250.

Note: We highly recommend installing trenches during the dry season (normally between June 1st and October 15<sup>th</sup>) to minimize backhoe glazing of the trench sidewalls.

Prices Subject to Change

Thanks, Lincoln & Long Civil Engineering

civil engineering • structural engineering • surveying • grading plans perc & mantles • septic system designs

Established 1977

## **Percolation Test**

| Location of pro | operty : <u>/6/1/</u>                                                          | KIVER Nanch                                                                                                               | L Koad                                                                                                                                  |                              |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Owner/Agent:    | Levi/Wi                                                                        | (50a) AF                                                                                                                  | PN: <u>27-020</u>                                                                                                                       | -01                          |
|                 |                                                                                |                                                                                                                           | les tested :_3                                                                                                                          |                              |
| Test Date:      | 7/25/03                                                                        |                                                                                                                           |                                                                                                                                         |                              |
| Depth of holes  | s tested                                                                       |                                                                                                                           |                                                                                                                                         |                              |
| #1 <u>3</u> 0   | o <u>"</u> #2 <u>30'</u>                                                       | #3 <u>30"</u>                                                                                                             |                                                                                                                                         |                              |
| ·               |                                                                                | FROM PERCOLATI                                                                                                            | •                                                                                                                                       |                              |
| TIME<br>,       | HOLE #1<br>Depth to<br>Water                                                   | HOLE #2<br>Depth to<br>Water                                                                                              | HOLE #3<br>Depth to<br>Water                                                                                                            |                              |
| 7:50            | 23/16                                                                          | 1 %                                                                                                                       | 24/16                                                                                                                                   |                              |
| 8:20            | 4 ® 21/16                                                                      | 2/2 (8) 1/2                                                                                                               | 3% (R) 21/2                                                                                                                             |                              |
| 8150            | 31/2 (R)2                                                                      | 21/4 (R) 1/2                                                                                                              | 3 % 8 2 1/8                                                                                                                             |                              |
| 9:20            | 3/16@2                                                                         | 21/8 (1) 15/8                                                                                                             | 3/4 (R) 21/2                                                                                                                            | •                            |
| 9:50            | 2/8 1 2/8                                                                      | 23/16 @ 11/2                                                                                                              | 3/4 R 21/16                                                                                                                             |                              |
| 10:20           | 3 R 2                                                                          | 24/16 (8) 17/16                                                                                                           | 31/6 R 2/2                                                                                                                              |                              |
| 10:50           | 27/8                                                                           | 2                                                                                                                         | 31/4                                                                                                                                    |                              |
|                 |                                                                                |                                                                                                                           |                                                                                                                                         |                              |
| Stabilized rate | e (min/in.) for hole:                                                          | P.                                                                                                                        |                                                                                                                                         |                              |
| #1 <u> </u>     | <u>35                                    </u>                                  | <u>54</u> #                                                                                                               | 3 <u>40</u> .                                                                                                                           |                              |
| Average perc    | colation rate                                                                  | 43n                                                                                                                       | nin./in.                                                                                                                                |                              |
| Tests made t    | Dy John De                                                                     | Luca                                                                                                                      | · ·                                                                                                                                     |                              |
| Under the dir   | ection of <u>Dave</u>                                                          | LINCOLY                                                                                                                   | CE 27/26                                                                                                                                |                              |
| NOTES:          | survey and absoluthe location of protests. We guarantee the complexities of se | tely no guarantee is<br>perty lines/ corners s<br>se tests are accurate<br>ptic engineering, we<br>late to obtain a septi | ay constitutes a proper made. No inference a should be made from the ly done, but due to the in no way guarantee the permit from Nevada | s to<br>nese<br>many<br>nese |

White-Office

#### **NEVADA COUNTY DEPARTMENT OF**

ENVIRONMENTAL HEALTH

| RECEIVEARN | 7 | F | $\mathbb{C}$ | E | IV | î. | <u>A</u> PN |
|------------|---|---|--------------|---|----|----|-------------|
|------------|---|---|--------------|---|----|----|-------------|

**PERMIT NUMBER** 

9302

F/kgh\Forms Rev 04-29-04

950 Maidu Avenue Nevada City, CA 95959 (530) 265-1222 Fax (530) 265-7056

10075 Levon Avenue Suite 105

Truckee, CA 96161 (530) 582-7884

OCT 2 6 2004

Both Assessor's Parcel Number and Permit

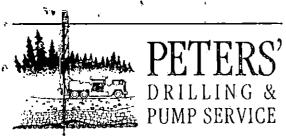
NEVADA COUNT COMMUNITY DEVELOPMENT Number must show on Well Driller's Report.

Fax (530) 582-0712

| APPLICATION/PERMIT TO CONSTRUCT, REPAIR OR DESTROY A WELL                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Property Owner:  Ed Vanderzyl  Owner's Mailing Address:  3331 La Mesa Dr., #2, San Carlos, CA                                                                                                                                                                                                                                                                                                                                                                                               | 94070         |
| Job Site Address:   16710 River Ranch Road   City: Grass Valley   Zip: 95949                                                                                                                                                                                                                                                                                                                                                                                                                |               |
| Nearest Cross Street: ARCHER ROAD Parcel Acreage: 40.0                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |
| PROPOSED WORK: ☐ New Well ☐ Deepening ☐ Destruction (Include Diagram of Proposed                                                                                                                                                                                                                                                                                                                                                                                                            | al)           |
| Repair or Modification: (Proposed Work)                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |
| (Include Diagram of Proposal)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |
| TYPE OF WELL: A Class I Class II Monitoring PROPOSED USE: Domestic                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
| Angular Seal Depth Proposed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |
| CASING TYPE: Plastic Diameter 6" Wall Thickness or Gauge F-480,                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Cl 125</u> |
| SEALING MATERIAL:   Bentonite   Concrete   Other (Please Specify)                                                                                                                                                                                                                                                                                                                                                                                                                           |               |
| Sealing Application:    Pumped/Tremie    Dropped                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| PROPOSED SEAL DATE AND TIME: Date Time Will Call                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| WELL CONTRACTOR: Peters' Drilling and Pump ServiceC-57 License No. 456136                                                                                                                                                                                                                                                                                                                                                                                                                   |               |
| Business Address: P.O. Box 1546, Grass Valley, CA 95945 Phone: (530) 273-8136                                                                                                                                                                                                                                                                                                                                                                                                               |               |
| I hereby certify that the work described in this application will be done in accordance with the provisions of the Nevada County Land Use and Development Code, Chapter X, pertaining to well construction, repair, modification, deepening, and destruction. Within 90 days of completion of work, I will furnish the Nevada County Department of Environmental Health a complete and accurate copy of the water well "Driller's Report"; DWR Form No. 188.  WELL CONTRACTOR X  DATE  DATE | )             |
| PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |
| DEPARTMENT USE ONLY—Do Not Write Below This Line                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| PERMIT REQUIREMENTS: Maintain All County Setback Requirements Including 25 Feet Minimum From We                                                                                                                                                                                                                                                                                                                                                                                             | 11            |
| To Waste Plumbing Within A Structure.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |
| Permit Issued By //ref/Jours Date /-/3-0:                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5             |
| SEAL: Date 1-de-05 Depth 12 Inspector Dave Pres Ta                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
| COMPLETED WELL: Date Completed 1/12/05 Total Depth 760 Yield* 3.50                                                                                                                                                                                                                                                                                                                                                                                                                          | on            |
| Construction Final Approval By Sulle Camichael Date 2/9/05                                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>,</i>      |
| *NOTE: This rate is provided by the well driller and is stated solely for the purpose of obtaining clearance for a building permit. For this purpose, this well yield is valid for one (1) year from date of well completion. Well yield can change over time.                                                                                                                                                                                                                              |               |

Pink-Owner

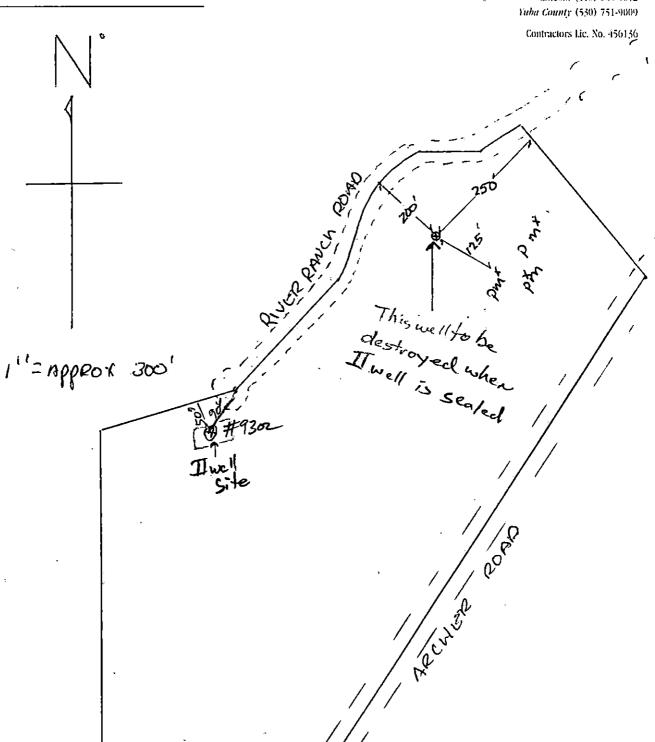
Yellow-Contractor



ED VANDERZY ROLL ED RO. Box 1546 16710 RIVER RANCH ED RO. Box 1546 Grass Valley. CA 95945 GRASS VALLEY (5,30) 273-8136 FX (5,30) 273-1213

Apri 27-020-01

Colfax (530) 346-6210 Auburn (530) 888-7311 Lincoln (916) 645-9692

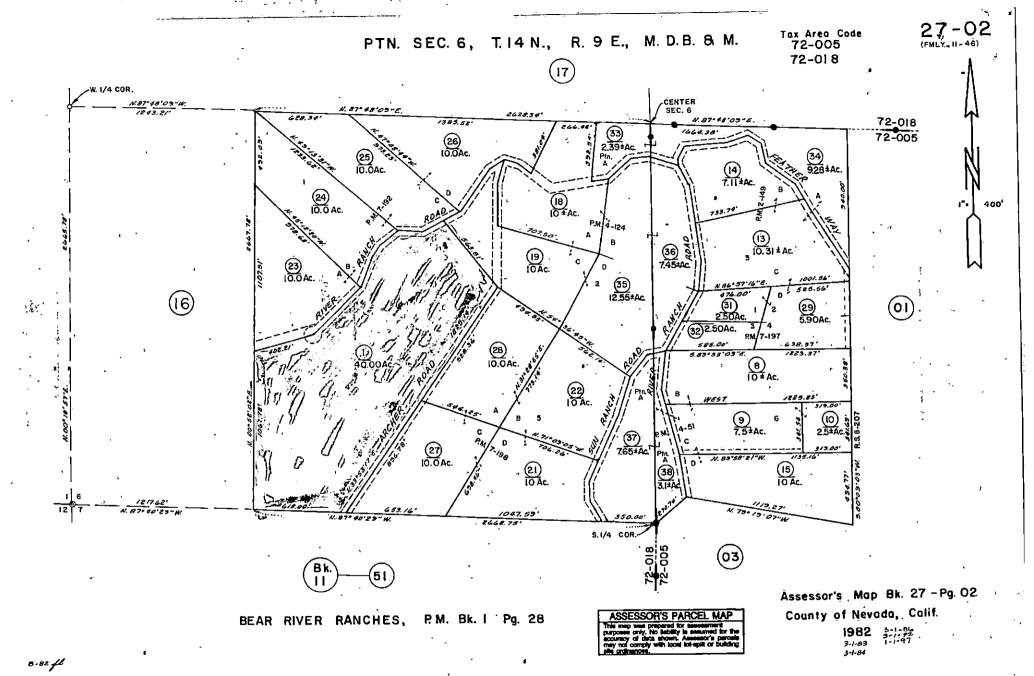


APPHOVE

NEVADA COUNTY ENVIRONMENTAL HEALTH DEPARTM

DATE: 1-13-05

34: Suglowed



# reed. 9:440 am.

## COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY ENVIRONMENTAL HEALTH DEPARTMENT

www.new.mynevadacounty.com

950 MAIDU AVENUE, NEVADA CITY, CA 95959-8617 (530) 265-1222 FAX (530) 265-9853

10075 LEVÓN AVENUE, SUITE 105, TRUCKEE, CA 96161 (530) 582-7884 FAX (530) 582-0712

| WELL CONSTRUCTION                                                  | INSPECTION FORM                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| Date: 1605 Time In                                                 | : 11:50 Time Out: 12:45                                                    |
| (and destriction) 1/465                                            | 12:45                                                                      |
| APN: 27 020 - 01 Permit #:                                         | 9302 Sex Job#: 040-04952 Nearest Cross Street: Archer Pd.  Ed Vanderseal.) |
| Location: 16710 River Ranch Rd.                                    | Nearest Cross Street: Fycher Pd.                                           |
|                                                                    |                                                                            |
| Well Contractor: (Panet) Ketus D,                                  | Ming                                                                       |
| Depth of Well:                                                     | Estimated Yield: (gpm)                                                     |
| Depth of Casing: 40                                                | Casing Material: PVC □ Steel                                               |
| Annular Seal Depth: 25 Annular Seal Thickness:                     | No. of Bags: $15/2$ GPS: $\square$ Yes $\square$ No                        |
| Annular Material:                                                  | How Applied: Dropped 🗖 Tremie                                              |
| Packer Type: Plastic D Boot First Water:                           | Static Level:                                                              |
| <u> </u>                                                           |                                                                            |
| ☐ Well drilled in approved location: Yes ☐ No                      | Annular seal witnessed: Yes □No                                            |
| ☐ Well location has not received final approval pending Department | artment review of permit application.                                      |
| ☐ Wells that produce less than 3gpm require a pumped yield         | test and 1000 gallons of water storage.                                    |
| ☐ Erosion control in place: Yes ☐ No                               |                                                                            |
| 1                                                                  | BENOVITE, DEADER CONCRETE ON                                               |
| ORGEDITO DEGIDIVADULAE NEL                                         | W NOW ILE! / Ellen NOWON 700                                               |
| WITH CUTTING INSIDE WELL COS                                       | BILLE OFF THE BELOW SUPERIE                                                |
| - 10 70ep BOR, 0700 OD71FR 9                                       |                                                                            |
|                                                                    |                                                                            |
|                                                                    | ······································                                     |
|                                                                    |                                                                            |
| Received By: 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                 | Driller  Helper  Owner/Representative                                      |



## COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY ENVIRONMENTAL HEALTH DEPARTMENT

www.new.mynevadacounty.com

950 MAIDU AVENUE, NEVADA CITY, CA 95959-8617 (530) 265-1222 FAX (530) 265-9853 10075 LEVON AVENUE, SUITE 105, TRUCKEE, CA 96161 (530) 582-7884 FAX (530) 582-0712

#### WELL CONSTRUCTION INSPECTION FORM

| Date:                                                                    | ne In:                                            |
|--------------------------------------------------------------------------|---------------------------------------------------|
| Well Seal Request Date/Time: //-05-04                                    |                                                   |
| APN: 27 - 020 - 0/ Permit #:                                             | 9307 Job#: 040-0                                  |
| Location: 16710 River Range                                              | Job#: 040-0  LRD Nearest Cross Street: Archer RD  |
| Property Owner: Ed Vanderzy                                              | /                                                 |
| Well Contractor: Peters                                                  |                                                   |
| Depth of Well:                                                           | Estimated Yield: (gpm)                            |
| Depth of Casing:                                                         | Casing Material: PVC Steel                        |
| Annular Seal Depth: Annular Seal Thickness                               | No. of Bags: GPS: Ques No                         |
| Annular Material:                                                        | at A How Applied: Dropped D Tremie                |
| Packer Type: Plastic Boot First Water:                                   | Static Level:                                     |
|                                                                          |                                                   |
| □ Well drilled in approved location: □Yes □No                            | Annular seal witnessed:   Yes   No                |
| Well location has not received final approval pending                    | Department review of permit application.          |
| ☐ Wells that produce less than 3gpm require/a pumped y                   | ield test and 1000 gallons of water storage.      |
| ☐ Erosion control in place: ☐ Yes ☐ Nø                                   | ·                                                 |
| Comments:                                                                |                                                   |
|                                                                          | <u> </u>                                          |
|                                                                          |                                                   |
|                                                                          |                                                   |
|                                                                          |                                                   |
|                                                                          |                                                   |
|                                                                          |                                                   |
|                                                                          |                                                   |
| Received By:                                                             | Driller  Helper  Owner/Representative             |
| Inspector: Inea Dow                                                      | <del></del>                                       |
| H:/EH/Word/Kathleen/Forms/Well Construction Inspection Form Rev 11-12-04 | White—Environmental Health Dept Yellow—Field Copy |

| ORIGINAL<br>File with DWR     | STATE OF CALI COMPLETI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ON REPORT                                                                                                |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Page 1 of 3                   | Refer to Instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| Owner's Well No               | . <u>∪5-2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20651                                                                                                    |
| ate Work Began                | , Dilded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LATITUDE LONGITUDE                                                                                       |
|                               | gency Nevada Co Environmental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ANUTRO OF THE                                                                                            |
| Permit No. 9                  | GEOLOGIC LOG Permit Date 11/9/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del>                                                                                              |
| ODIENTATION (./.)             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WELL OWNER — — — — — — — — — — — — — — — — — — —                                                         |
| ORIENTATION (🚣)               | DRILLING ALD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·   · · · · · · · · · · · · · · · · · ·                                                                  |
| DEPTH FROM<br>SURFACE         | METHOD AIR FLUID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mailing Address 3331 La Mesa Dr., #2 San Carlos CA 94070                                                 |
| Fl. lo Fl.                    | Describe material, grain, size, color, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITY STATE ZIP                                                                                           |
|                               | Red Dirt & Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address 16710 River Ranch Road                                                                           |
|                               | Greenstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City Grass Valley CA 95949                                                                               |
| ····                          | Fracture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County Nevada                                                                                            |
|                               | Greenstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | APN Book 27 Page 020 Parcel 01                                                                           |
|                               | Greenstone w/Soft Spots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Township 14 N Range 9 E Section 6                                                                        |
|                               | Fractured Rock Fractu | Latitude DEG. MIN. SEC. DEG. MIN. SEC.                                                                   |
| 000: 700                      | Greenstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DEG. MIN. SEC. DEG. MIN. SEC. LOCATION SKETCH                                                            |
|                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NORTH NORTH                                                                                              |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MODIFICATION/REPAIR                                                                                      |
| •                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deepen Other (Specify                                                                                    |
| ·                             | - 0//py///C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OIANCH RUM                                                                                               |
|                               | 1004004947JUJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DESTROY (Describe<br>Procedures and Mat<br>Under "GEOLOGIC                                               |
| 1                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                        |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLANNED USES (                                                                                           |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |
|                               | DECERTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I " " " " " " " " " " " " " " " " " " "                                                                  |
|                               | MEGET VEIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MONITORING TEST WELL                                                                                     |
| )                             | 45 10 1 9-200F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CATHODIC PROTECTION                                                                                      |
| /<br>                         | JAN 1 8 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HEAT EXCHANGE                                                                                            |
|                               | ENVIDONIMENTAL LIFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DIRECT PUSH                                                                                              |
| <u></u>                       | ENVIRONMENTAL HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INJECTION VAPOR EXTRACTION                                                                               |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SPARGING                                                                                                 |
|                               | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SOUTH REMEDIATION  Illustrate or Describe Distance of Well from Roads, Buildings,                        |
| _                             | the state of the s | Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE. |
| <del></del>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WATER LEVEL & YIELD OF COMPLETED WELL                                                                    |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEPTH TO FIRST WATER 650 (FL) BELOW SURFACE 1                                                            |
| *                             | A A A A A A A A A A A A A A A A A A A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DEPTH, OF STATIC                                                                                         |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WATER LEVEL 40 3(FL) & DATE MEASURED 1/12/2005                                                           |
| TOTAL DEPTH OF I              | BORING 760 (Feet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ESTIMATED VIELD • 3.5 (GPM) & TEST TYPE Air                                                              |
|                               | COMPLETED WELL 760 (Feet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TEST LENGTH 4 (Hrs.) TOTAL DRAWDOWN (FL.)  May not be representative of a well's long-term yield.        |
|                               | The state of the s | may not be representative of a wen's long-term yield.                                                    |
| DEPTH                         | BORE TYPE (<)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DEPTH ANNULAR MATERIAL                                                                                   |
| FROM SURFACE                  | HOLE TYPE (스)<br>DIA.   돌 교 등 등 MATERIAL / INTERNAL GAUGI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FROM SURFACE TYPE                                                                                        |
| FL to Ft.                     | (Inches) E B GRADE DIAMETER OR WAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LL IF ANY MENT TONITE FILL FILTER PACK                                                                   |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SS (Inches) Ft. to Ft. (Y) (Y) (Y)                                                                       |
| 0 <u>22</u><br>22 40          | 10 5/8<br>8 5/8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 21                                                                                                     |
| 0 40                          | F-480 6" CI 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21 25 🗸                                                                                                  |
| 0 380                         | F-480 4" Cl 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del> _                                                                                            |
| 380: 400                      | F-480 4" CI 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | i                                                                                                        |
| 400 560                       | F-480 4" CI1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | , , , , , , , , , , , , , , , , , , , ,                                                                  |
| АТТАСН                        | MENTS (∠)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CERTIFICATION STATEMENT                                                                                  |
| Geologic  <br>Well Cons       | Log I, the undersigned, certify that this report struction Diagram NAME_PETERS DRILLING 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t is complete and accurate to the best of my knowledge and helief.                                       |
| Geophysic                     | al Log(s) (PERSON, FIAM, OR CORPOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ATION) (TYPED OR PRINTED)                                                                                |
|                               | Chemical Analysis P.O. Box 1549                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Grass Valley CA 95945 CITY STATE ZIP                                                                     |
| Olher<br>ATTACH ADDITIONAL IN | Signed 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01/13/05 456136                                                                                          |
| WR 188 REV. 11-97             | IF ADDITIONAL SPACE IS NEEDED, USE NEXT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |
|                               | " VESTIONAL SI VOCIO MEEDED! OF BUEVI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CONCEON INTERNATIONAL FORW                                                                               |

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~ ~~ **ORIGINAL** File with DWR

Page 2 of 3

STATE OF CALIFORNIA

COMPLETION REPORT WELL

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| efer                       | to | Instruction | Pamph | let |

No. E020651

| Owner's Well No. 05-2           | <u> </u>          | No. <b>E02</b> 0 |
|---------------------------------|-------------------|------------------|
| )ate Work Began <u>1/6/2005</u> | , Ended 1/12/2005 |                  |
|                                 |                   |                  |

Local Permit Agency Nevada Co Environmental Health

Permit No. <u>9302</u> — Permit Date 11/9/2004 DWR USE ONLY --- DO NOT FILL IN STATE WELL NO. STATION NO. LATITUDE LONGITUDE APN/TRS/OTHER

|                                       | GEOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WELL OWNER                                                                                               |                                                                       |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| ORIENTATION (∠)                       | VERTICAL — HORIZONTAL — ANGLE — (SPECIFY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WELL OWNER —                                                                                             |                                                                       |
| ORIENTATION (±)                       | DRILLING ALD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                       |
| DEPTH FROM                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mailing Address 3331 La Mesa Dr., #2                                                                     | -                                                                     |
| SURFACE<br>Ft. to Ft.                 | DESCRIPTION  Describe material, grain, size, color, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | San Carlos                                                                                               | ČA 94070                                                              |
|                                       | Red Dirt & Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address 16710 River Ranch Road                                                                           | STATE ZIP                                                             |
|                                       | Greenstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                       |
|                                       | terrorian and a series and the series and the series and the series and the series are series and the series and the series are series are series and the series are | City Grass Valley CA 95949                                                                               |                                                                       |
|                                       | Greenstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | County Nevada                                                                                            |                                                                       |
|                                       | Greenstone w/Soft Spots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APN Book 27 Page 020 Parcel 01                                                                           |                                                                       |
|                                       | Fractured Rock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Township 14 N Range 9 E Section 6                                                                        | •                                                                     |
| )                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Latitude                                                                                                 |                                                                       |
| 660: 760                              | Greenstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DEG. MIN, SEC. LOCATION SKETCH                                                                           | DEG. MIN. SEC.                                                        |
| <del>-</del>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NORTH ONE                                                                                                | ACTIVITY (* ) —                                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i. A 12004                                                                                               | MODIFICATION/REPAIR                                                   |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | april.                                                                                                   | Deepen                                                                |
| ·                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (21)                                                                                                     | Other (Specify)                                                       |
| ļi                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Latitude                                                                                                 | DESTROY IN I                                                          |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3/                                                                                                       | DESTROY (Describe<br>Procedures and Materials<br>Under *GEOLOGIC LOG* |
|                                       | DECERTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3/                                                                                                       |                                                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L 2/                                                                                                     | PLANNED USES (✓) WATER SUPPLY                                         |
| ·                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WEST                                                                                                     | Domestic Public                                                       |
|                                       | JAN 1 8 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | × / 🛪                                                                                                    | Imigation Industrial                                                  |
|                                       | ENVIRONMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | MONITORING                                                            |
|                                       | ENVIRONMENTAL HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | TEST WELL  CATHODIC PROTECTION                                        |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | HEAT EXCHANGE                                                         |
| : : :                                 | The second secon | س بوال                                                                                                   | DIRECT PUSH                                                           |
| :                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a site                                                                                                   | INJECTION                                                             |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>,</b>                                                                                                 | VAPOR EXTRACTION                                                      |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | south ′                                                                                                  | SPARGING                                                              |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Illustrate or Describe Distance of Well from Roads, Buildings,                                           | REMEDIATION OTHER (SPECIFY)                                           |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE. | 5 (1.12.1 (O) 2511 1)                                                 |
| 1 3                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WATER LEVEL & YIELD OF COMPL                                                                             | ETED WELL                                                             |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEPTH TO FIRST WATER 650 (FL) BELOW SURFACE                                                              | a a                                                                   |
| · · · · · · · · · · · · · · · · · · · | المراجع المستحد والمباد المستحد المستحد والمستحد والمستحد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد وا | DEPTH OF STATIC                                                                                          |                                                                       |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WATER LEVEL 40 (FL) & DATE MEASURED                                                                      | 1/12/2005                                                             |
| TOTAL DEPTH OF F                      | 200pp.g. 760                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ESTIMATED YIELD . 3.5 (GPM) & TEST TYPE                                                                  | ∖ir -                                                                 |
| TOTAL DEPTH OF E                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TEST LENGTH 4 (Hrs.) TOTAL DRAWDOWN                                                                      | (FL)                                                                  |
| TOTAL DEPTH OF C                      | COMPLETED WELL 760 (Feet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | May not be representative of a well's long-term yield                                                    | <u>1</u>                                                              |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                                                       |

| DEPTH        | BORE - |                                        | C.                  | ASING (S)                        |                               |                                 | DEPTH        | ANNULAR MATERIAL                                          |
|--------------|--------|----------------------------------------|---------------------|----------------------------------|-------------------------------|---------------------------------|--------------|-----------------------------------------------------------|
| FROM SURFACE | HOLE   | BLANK SCREEN TO CON- DUCTOR SHILL PIPE | MATERIAL /<br>GRADE | INTERNAL<br>DIAMETER<br>(Inches) | GAUGE<br>OR WALL<br>THICKNESS | SLOT SIZE<br>IF ANY<br>(Inches) | FROM SURFACE | TYPE  CE- BEN- MENT, TONITE FILL FILTER PACK  (Y) (Y) (Y) |
| 560 580      |        | 1                                      | F-480               | 4"                               | CI 160                        | 1/8" x 3"                       | 021          |                                                           |
| 580 600      | 1      | <b>1</b>                               | F- <u>480</u>       | 4"                               | Cl 160                        |                                 | 21 25        | <b>Y</b>                                                  |
| 600 620      |        |                                        | F-480               | 4"                               |                               | 1/8" x 3"                       |              |                                                           |
| 620. 640     |        | <b>'</b>                               | F-480               | 4"                               | CI 160                        |                                 |              |                                                           |
| 640 660      |        | V                                      | F-480               | 4"                               | CI 160                        | 1/8" x 3"                       |              |                                                           |
| 000; 000     |        | *                                      | F-480               | 4"                               | CI 160                        |                                 |              |                                                           |

| ATTACHMENTS ( < )                                |  |  |  |  |  |  |
|--------------------------------------------------|--|--|--|--|--|--|
| Geologic Log                                     |  |  |  |  |  |  |
| <u> </u>                                         |  |  |  |  |  |  |
| — Well Construction Diagram                      |  |  |  |  |  |  |
| Geophysical Log(s)                               |  |  |  |  |  |  |
| <ul> <li>Soil/Water Chemical Analysis</li> </ul> |  |  |  |  |  |  |
| - 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 PETERS DRILLING & PUMP SERVICE INC.

(PERSON, FIRM OR CORPORATION) (TYPED OR PRINTED)

P.O. Box 1546 ADDRESS WELL DRILLE VAUTHORIZED REPR

Grass Valley CITY 01/13/05 DATE SIGNED

95945 CA STATE ZIP 456136

C-57 LICENSE NUMBER

**ORIGINAL** STATE OF CALIFORNIA DWR USE ONLY NOT FILL IN File with DWR WELL COMPLETION REPORT Page 3 of 3 Refer to Instruction Pamphlet STATE WELL NO STATION NO. No. E020651 Owner's Well No. 05-2 , Ended 1/12/2005 Date Work Began <u>1/6/2005</u> LONGITUDE LATITUDE Local Permit Agency Nevada Co Environmental Health Permit No. 9302 Permit Date 11/9/2004 **GEOLOGIC LOG** WELL OWNER VERTICAL \_\_\_ HORIZONTAL \_\_\_ ANGLE \_\_\_ (SPECIFY ORIENTATION (∠) Name Ed Vanderzyl DRILLING METHOD AIR Mailing Address 3331 La Mesa Dr., #2 DEPTH FROM - FLUID San Carlos SURFACE DESCRIPTION CA 94070 Describe material, grain, size, color, etc. Ft. to STATE 2IP 18 Red Dirt & Clay Address 16710 River Ranch Road 0: 18 52; Greenstone City Grass Valley CA 95949 52 55 Fracture County Nevada 55 380 · Greenstone APN Book 27 Page 020 Parcel 01 380 650 Greenstone w/Soft Spots Township 14 N Range9 E Section 6 · 650 660 Fractured Rock 2 2 ONNIN 2 OND Latitude 660 DEG, MIN, 760 Greenstone LOCATION SKETCH ACTIVITY (V) ✓ NEW WELL MODIFICATION/REPAIR Deepen Other (Specify) DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG" PLANNED USES ( > ) WATER SUPPLY ✓ Domestic — Public Irrigation \_ MONITORING TEST WELL CATHODIC PROTECTION HEAT EXCHANGE DIRECT PUSH INJECTION VAPOR EXTRACTION SPARGING SOUTH REMEDIATION Illustrate or Describe Distance of Well from Rouds, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE. OTHER (SPECIFY) WATER LEVEL & YIELD OF COMPLETED WELL DEPTH TO FIRST WATER 650 (FI.) BELOW SURFACE DEPTH OF STATIC WATER LEVEL 40 1/12/2005 (Ft.) & DATE MEASURED ESTIMATED YIELD . 3.5 (GPM) & TEST TYPE TOTAL DEPTH OF BORING 760 TEST LENGTH .4 (Hrs.) TOTAL DRAWDOWN TOTAL DEPTH OF COMPLETED WELL 760 May not be representative of a well's long-term yield. CASING (S) DEPTH ANNULAR MATERIAL BORE-HOLE DIA, DEPTH FROM SURFACE FROM SURFACE TYPE (₹) BLANK SCREEN CON-DLICTOR INTERNAL MATERIAL / SLOT SIZE BEN-(Inches) DIAMETER OR WALL GRADE IF ANY FILTER PACK Fl. MENT TONITE FILL to (inches) Ft. (Inches) 10 (TYPE/SIZE) **(∠)**  $(\checkmark)$ ,  $(\checkmark)$ 680 700 F-480 CI 160 1/8" x 3" \_0 21 700 720 F-480 4" CI 160 21 25 720 760 F-480 CI 160 1/8" x 3" ATTACHMENTS ( ∠ ) CERTIFICATION STATEMENT I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME\_PETERS DRILLING & PUMP SERVICE INC.

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

DO NOT 15/16 Geologic Log Well Construction Diagram Geophysical Log(s) Box 1546 Grass Valley --- Soil/Water Chemical Analysis 95945 STATE ZIP .... Other

DWR 188 REV. 11-97

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

WELL DRILLER AUT

01/13/05

456136

\*1 of 1 Item ر سر

PERMIT RECEIPT

OPERATOR: ehkhalte
COPY # : 1

Sec: Twp: Rng: Sub:Y Blk: Lot: APN 2702001000 APN

DATE ISSUED....: 10/26/2004 RECEIPT #....: 11898 REFERENCE ID # ...: 04004497

SITE ADDRESS ....: 16710 RIVER RANCH RD

SUBDIVISION ....:

CITY .... GRASS VALLEY IMPACT AREA ....:

OWNER .....: VANDERZYL ED ADDRESS .....: 3331 LA MESA DR. #2 CITY/STATE/ZIP ...: SAN CARLOS, CA 94070

RECEIVED FROM ...: PETERS' DRILLING CONTRACTOR ...: LIC # 456136 COMPANY ...: PETERS DRILLING & PUMP SERVICE ADDRESS ...: POB 1546 CITY/STATE/ZIP ...: GRASS VALLEY, CA 95945 TELEPHONE ...: 273-8136

|                | FEE ID                       | UNIT                   | QUANTITY             | AMOUNT                 | PD-TO-DT             | THIS REC               | NEW BAL              |
|----------------|------------------------------|------------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
|                | CDA7EHL<br>CDA7EHS<br>EH4565 | PAGES<br>PAGES<br>FLAT | 1.00<br>2.00<br>1.00 | 3.45<br>0.90<br>299.50 | 0.00<br>0.00<br>0.00 | 3.45<br>0.90<br>299.50 | 0.00<br>0.00<br>0.00 |
| TOTAL PERMIT : |                              |                        |                      | 303.85                 | 0.00                 | 303.85                 | 0.00                 |

METHOD OF PAYMENT AMOUNT NUMBER 303.85 16972 CHECK

\_\_\_\_\_ TOTAL RECEIPT : 303.85

### NEVADA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

950 Maidu Avenue Nevada City, CA 95959 (530) 265-1222 Fax (530) 265-7056

White-Office

10075 Levon Avenue Suite 1052004 P. North County S. (530) 582-7886/MMUNITY DEVELOPMENT AGENCY

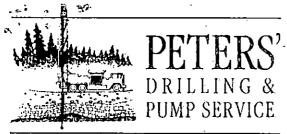
PERMIT NUMBER NO Charge Destruction: 9340 See Permit #9302 Number and Permit Number must show on Well Driller's Report.

F/kgh\Forms Rev 04-29-04

| APPLICATION/PERMIT TO CONSTRUCT, REPAIR OR DESTROY A WELL                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Property Owner's Owner: Ed Vanderzyl Mailing Address: 3331 La Mesa Dr., #2, San Carlos, CA 94070                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
| Nearest Cross Street: Des Ronne Parcel Acreage: 40.0                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
| PROPOSED WORK: ☐ New Well ☐ Deepening ☐ Destruction (Include Diagram of Proposal)                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Repair or Modification: (Proposed Work)                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |
| (Include Diagram of Proposal)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| TYPE OF WELL:  Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
| Angular Seal Depth Proposed:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| CASING TYPE:  Plastic  Steel  Diameter  Wall Thickness or Gauge                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
| SEALING MATERIAL:   Bentonite   Concrete   Other (Please Specify)                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Sealing Application:  Pumped/Tremie  Dropped                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| PROPOSED SEAL DATE AND TIME: Date Time Will Call                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
| WELL CONTRACTOR:Peters' Drilling and Pump ServiceC-57 License No. 456136                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
| Business Address: P.O. Box 1546, Grass Valley, CA 95945 Phone: (530) 273-8136                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| I hereby certify that the work described in this application will be done in accordance with the provisions of the Nevada County Land Use and Development Code, Chapter X, pertaining to well construction, repair, modification, deepening, and destruction. Within 90 days of completion of work, I will furnish the Nevada County Department of Environmental Health a complete and accurate copy of the water well "Driller's Report", DWR Form No. 188.  WELL CONTRACTOR X  DATE |  |  |  |  |  |  |  |
| PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |
| DEPARTMENT USE ONLY—Do Not Write Below This Line                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
| PERMIT REQUIREMENTS: Maintain All County Setback Requirements Including 25 Feet Minimum From Well                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| To Waste Plumbing Within A Structure.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
| Permit Issued By Date 1-10-05                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| SEAL: Date 1/6/05 Depth, MA Inspector Dave Prestor                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| COMPLETED WELL: Date Completed // (p//) Total Depth // Yield* //A                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |
| Construction Final Approval By July Com Chal Date 7/9/05                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
| *NOTE: This rate is provided by the well driller and is stated solely for the purpose of obtaining clearance for a building permit. For this                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |

Pink-Owner

Yellow-Contractor

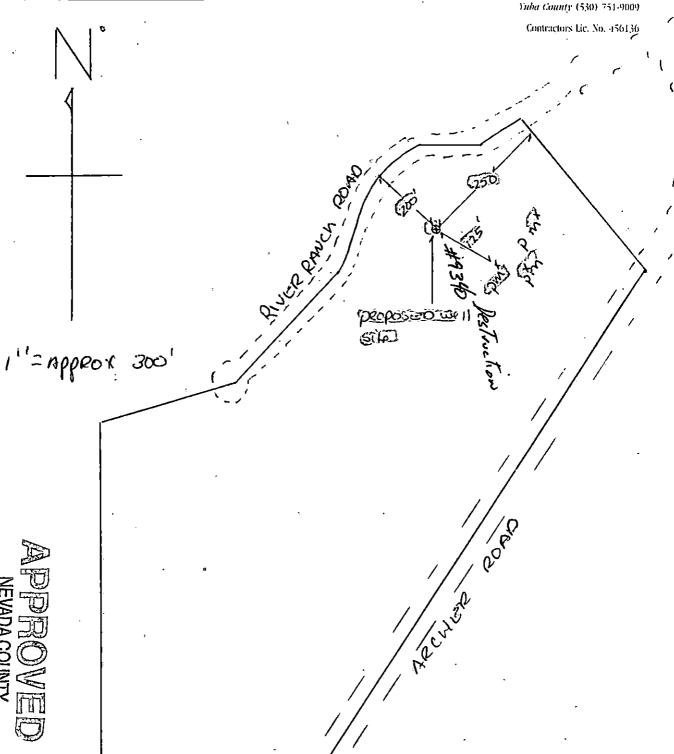


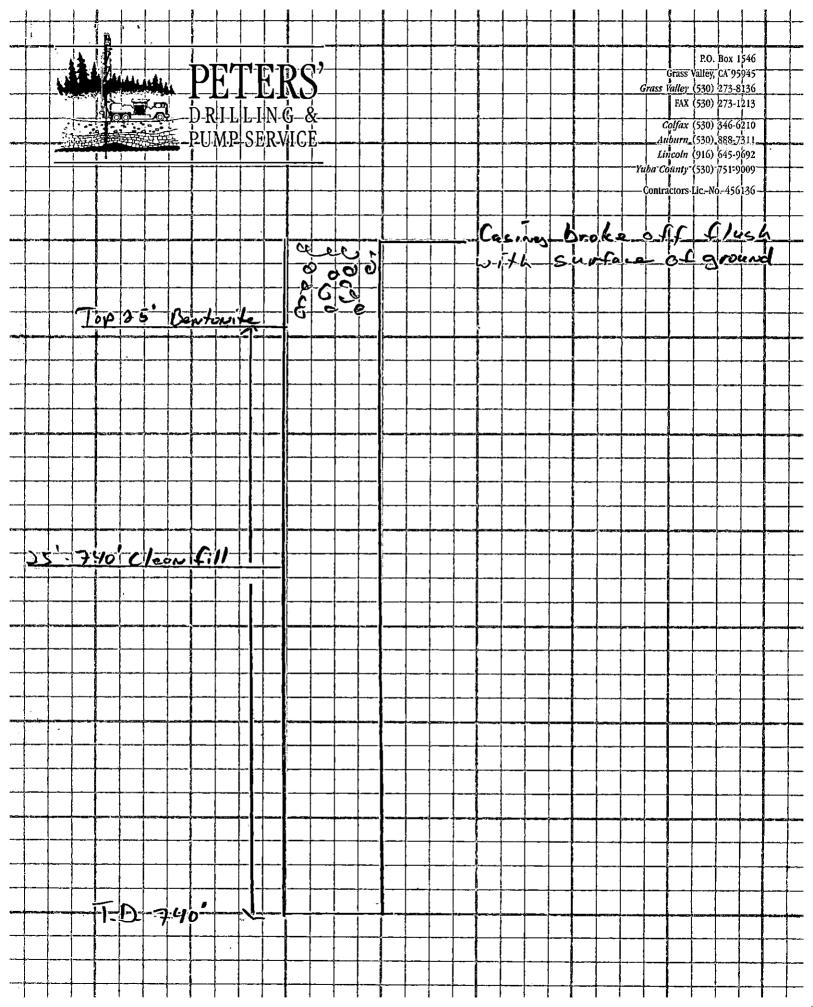
16710 RIVER RANCH ED RO. BOX 1546
Grass Valley, CC 95945 GRASS VAILY A 95945 Valley (530) 273-8136 AC. 40' Colfax (530) 346-6210

Apr 27-020-01

Auburn (530) 888-7311 Lincoln (916) 645-9692

Yuba County (530) 751-9009







H:/EH/Word/Kathleen/Forms/Well Construction Inspection Form Rev 11-12-04

## COUNTY OF NEVADA COMMUNITY DEVELOPMENT AGENCY ENVIRONMENTAL HEALTH DEPARTMENT

www.new.mynevadacounty.com

950 MAIDU AVENUE, NEVADA CITY, CA 95959-8617 (530) 265-1222 FAX (530) 265-9853

10075 LEVON AVENUE, SUITE 105, TRUCKEE, CA 96161 (530) 582-7884 FAX (530) 582-0712

| WELL CONSTRUCTION INSPECTION FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: 1/6/05 Time In: 11:50 Time Out: 12:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Well Seal Request Date/Time: 1/405; 17:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| APN: 27 020 - 01 Permit#: 9302 Job#: 040-04952  Location: 16710 River Ranch Rd. Nearest Cross Street: Archer Ra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Property Owner: The Con Ed Vanderseal.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Well Contractor: (Sanets) Ketus Dilling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Depth of Well: (gpm)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Depth of Casing:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Annular Seal Depth: Annular Seal Thickness: \( \frac{1}{2} \) No. of Bags: \( \frac{15}{2} \) GPS: \( \Quad \text{Yes} \) Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Annular Material:   Cement Bentonite Grout How Applied: Dropped Tremie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Packer Type: Plastic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| □ Well drilled in approved location: Yes □No Annular seal witnessed: Yes □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ Well drilled in approved location: ☐ Yes ☐ No Annular seal witnessed: ☐ Yes ☐ No ☐ Well location has not received final approval pending Department review of permit application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ☐ Well location has not received final approval pending Department review of permit application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul> <li>□ Well location has not received final approval pending Department review of permit application.</li> <li>□ Wells that produce less than 3gpm require a pumped yield test and 1000 gallons of water storage.</li> <li>□ Erosion control in place: Yes □ No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>□ Well location has not received final approval pending Department review of permit application.</li> <li>□ Wells that produce less than 3gpm require a pumped yield test and 1000 gallons of water storage.</li> <li>□ Erosion control in place: Yes □ No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| □ Well location has not received final approval pending Department review of permit application.  □ Wells that produce less than 3gpm require a pumped yield test and 1000 gallons of water storage.  □ Erosion control in place: □ Yes □ No  Comments: □ No SET BEFORE [MPFCTON [MPD] [MFL] [M |
| □ Well location has not received final approval pending Department review of permit application.  □ Wells that produce less than 3gpm require a pumped yield test and 1000 gallons of water storage.  □ Erosion control in place: □ Yes □ No  Comments: □ No SET BEFORE [MPFCTON [MPD] [MFL] [M |
| □ Well location has not received final approval pending Department review of permit application.  □ Wells that produce less than 3gpm require a pumped yield test and 1000 gallons of water storage.  □ Erosion control in place: □ Yes □ No  Comments: □ No SET BEFORE [MSPECTON APPLIED], WELL DEPTH  SOF SOF FOR TODAY. 15 BENTONITE, DENGE CONCRETE ON  SURFACE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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White—Environmental Health Dept

Yellow-Field Copy

Tax Area Code 72-005 PTN. SEC. 6, T.14 N., R. 9 E., M. D.B. & M. (FMLY, 11-46) 72-0!8 W. 1/4 COR, N.87-48'03-W CENTER SEC. 6 N. 87 . #8 .03 .. E. 2428.34 1385.52 72-018 72-005 33) 2.39±Ac. 26) 10.0Ac. (25) ° 24) 10.0 Ac. (8) 10 ± Ac. 400' 36 ox 7.45\*Ac (19) IO Ac. (23) 10.0 Ac. 35) 12.55±Ac. (E) (o) 29) 5.90Ac. (32)2.50Ac. 505.00 (1) 40.00Ac. 2B) 10.0Ac. (8) 10 ≠ Ac. 27) 10.0 Ac. (21) 10 Ac. (15) 10 Ac. 1047.59" 2666.75 S. I/4 COR.-(03)Assessor's Map Bk. 27 - Pg. 02 BEAR RIVER RANCHES, P.M. Bk. I Pg. 28 County of Nevada, Calif. ASSESSOR'S PARCEL MAP 1982 3-1-83 3-1-84

8-82 fl

| ORIGINAL 4                                                     | ~ ~ m\                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ₹ sta                                        | TE OF CALIF                              | ORNIA                                                                                          | DWR_U                                                 | ISE_ONLY                 | DO NOT FILL IN                                                     |  |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------|--------------------------------------------------------------------|--|
| File with DWR                                                  | COPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WELL CON                                     | APLETIC                                  | ON REPOR                                                                                       |                                                       |                          |                                                                    |  |
| Page 1 of 1                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Refer i                                      | to Instruction                           | Pamphlet                                                                                       |                                                       | STATE WELL NO            | /STATION NO.                                                       |  |
| Owner's Well No.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | _ <sup>No.</sup> E02                     | .0650                                                                                          | 1 .                                                   | . ! !                    |                                                                    |  |
| Date Work Began                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nded 1/6/2005                                |                                          |                                                                                                | LATITUD                                               | E                        | LONGITUDE                                                          |  |
|                                                                | gency Nevadả Co Env                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                          |                                                                                                | .   [_]   !                                           | ] [ ] ]                  | 1111                                                               |  |
| Permit No93                                                    | GEOLOGIC L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Permit Date _                                | 1/6/2005                                 | <del></del>                                                                                    |                                                       | APN/TRS/C                | OTHER                                                              |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          | F-137 1                                                                                        |                                                       | OWNER -                  | <del></del>                                                        |  |
| ORIENTATION (∠)                                                | DRILLING ALD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ONTAL ANGLE                                  | (SPECIFY)                                |                                                                                                |                                                       |                          | _                                                                  |  |
| DEPTH FROM METHOD AIR FLUID                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          | Mailing Address 3331 La Mesa Dr., #2                                                           |                                                       |                          |                                                                    |  |
| SURFACE<br>Ft. to Ft.                                          | DES  Describe matéria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CRIPTION<br>l, grain, size, color            | : etc.                                   | San Carlos                                                                                     |                                                       |                          | CA 94070<br>STATE ZIP                                              |  |
|                                                                | CLEAN FILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9 3 100                                      | , 0.0.                                   | 1                                                                                              | River Ranch Roa                                       | QCATION—                 | STATE ZIP                                                          |  |
| 25. 0                                                          | BENTONITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                          |                                                                                                |                                                       | u                        |                                                                    |  |
| : Well was destroyed in accordance with State                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | City Grass Valley CA 95949 County Nevada |                                                                                                |                                                       |                          |                                                                    |  |
|                                                                | of California Departme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ent of Water Reso                            | urces                                    | ADN Post 27                                                                                    | n 020                                                 | 104                      | • .                                                                |  |
| 1                                                              | Bulletin 74-81.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          | APN Book 27 Page 020 Parcel 01 Township 14 N Range 9 E Section 6                               |                                                       |                          |                                                                    |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          | Latitude                                                                                       | Kangey L                                              | Section 6                | •                                                                  |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                            |                                          | Latitude                                                                                       | IIN. SEC.                                             |                          | DEG. MIN. SEC.                                                     |  |
|                                                                | ·<br>·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | <u>-</u>                                 | LOG                                                                                            | CATION SKETCH                                         | 2000                     | — ACTIVITY (<) ·—                                                  |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                            |                                          |                                                                                                | 71011111                                              | 00                       | NEW WELL                                                           |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          |                                                                                                |                                                       | <b>Y</b> 1               | MODIFICATION/REPAIR Deepen                                         |  |
|                                                                | ;<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                          |                                                                                                |                                                       | 7                        | Other (Specify)                                                    |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          |                                                                                                | ر حر                                                  | <i>!</i>                 | ✓ DESTROY (Describe                                                |  |
| <del></del> ;                                                  | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - •                                          |                                          |                                                                                                | de /                                                  |                          | DESTROY (Describe<br>Procedures and Materia<br>Under "GEOLOGIC LOC |  |
| <u>-</u>                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          |                                                                                                | 21Ven gard                                            |                          | PLANNED USES( / )                                                  |  |
| ļ <u>-</u>                                                     | <u>चित्रश्रीकृत्रका</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                          | <u> </u>                                                                                       | 0.38                                                  |                          | WATER SUPPLY                                                       |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>}                                    </u> |                                          | WEST                                                                                           | K. /                                                  | AST                      | Domestic Public Industria                                          |  |
|                                                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                          |                                                                                                |                                                       |                          | MONITORING                                                         |  |
| l                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          |                                                                                                |                                                       | Stendion                 | TEST WELL                                                          |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2000C                                       |                                          |                                                                                                | /s,\to\                                               | ا معروده                 | ATHODIC PROTECTION                                                 |  |
| ı                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>[2]</del>                               | <u> </u>                                 | (30 ∠                                                                                          | 2 Ce.                                                 | ske                      | HËAT EXCHANGE<br>DIRECT PUSH                                       |  |
| <del> </del>                                                   | ——————————————————————————————————————                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>                                  | <del>]</del>                             | بالم الم                                                                                       |                                                       | İ                        | INJECTION                                                          |  |
| <del> </del>                                                   | JAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18 2005                                      |                                          | ر; ا                                                                                           |                                                       |                          | VAPOR EXTRACTION                                                   |  |
|                                                                | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                          |                                                                                                | SOUTH                                                 |                          | SPARGING                                                           |  |
|                                                                | ENVIRONM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MENTAL HEALTH                                | I                                        | Illustrate or Describe D                                                                       | istance of Well from Roads, attach a map Use addition | Buildings,               | REMEDIATION<br>OTHER (SPECIFY)                                     |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | <del></del>                              | necessary. PLEASE BE                                                                           | ACCURATE & COM                                        | PLETE.                   | ——————————————————————————————————————                             |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          | WATER                                                                                          | R LEVEL & YIELD                                       | OF COMPLE                | TED WELL                                                           |  |
|                                                                | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                          | DEPTH TO FIRST WATER (FI.) BELOW SURFACE 1 DEPTH OF STATIC                                     |                                                       |                          |                                                                    |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          |                                                                                                |                                                       |                          |                                                                    |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | <del></del>                              | WATER LEVEL                                                                                    | (Ft.) & DATE                                          | MEASURED                 | •                                                                  |  |
| TOTAL DEPTH OF B                                               | BORING (Feet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                            |                                          | ESTIMATED YIELD *                                                                              | • • • •                                               | TEST TYPE                |                                                                    |  |
| 1                                                              | COMPLETED WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Feet)                                       |                                          | TEST LENGTH (His.) TOTAL DRAWDOWN (FI)  May not be representative of a well's long-term yield. |                                                       |                          |                                                                    |  |
|                                                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                          | May not be repre                                                                               | sentative of a well's l                               | ong-term yteld.          |                                                                    |  |
| DEPTH                                                          | BORE -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CASING                                       | (S)                                      |                                                                                                | DEPTH                                                 | ANNUL                    | AR MATERIAL                                                        |  |
| FROM SURFACE                                                   | HOLE   IYPE (Y ) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INTERN                                       |                                          | 0,07,017                                                                                       | DEPTH<br>FROM SURFACE                                 |                          | TYPE                                                               |  |
| FI 10 FI                                                       | SCREEN SCREEN FILL PIPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MATERIAL / INTERN<br>GRADE DIAMET            | ER OR WALI                               | L IF ANY                                                                                       | <del></del>                                           | CE- BEN-<br>MENT, TONITE | FILTER PACK                                                        |  |
| Fl. lo Fl.                                                     | 표양으불문                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | i (Inches                                    | ) THICKNES                               | SS (Inches)                                                                                    | Fl. lo Fl.                                            | ( <u>x</u> ) (x)         |                                                                    |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | · · · · · · · · · · · · · · · · · · ·        |                                          | _i                                                                                             | 74025                                                 |                          | LLDESTROY                                                          |  |
| ļ                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | <del> </del>                             |                                                                                                | <u>25</u> 0                                           |                          | , DESTROY                                                          |  |
| - :                                                            | -   -   -   -   -   -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                          |                                                                                                | · · · · · · · · · · · · · · · · · · ·                 |                          |                                                                    |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | _                                        |                                                                                                |                                                       | . ; .                    |                                                                    |  |
|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          |                                                                                                | <del></del>                                           |                          |                                                                    |  |
|                                                                | A CONTROL A STATE OF THE STATE | !                                            |                                          | [                                                                                              | <del> </del>                                          | <u></u>                  |                                                                    |  |
| ——— ATTACHN<br>—— Geologic I                                   | MENTS (∠)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I. The undersioned certif                    | v that this report                       |                                                                                                | FION STATEMENT  To the best of my knowled             |                          |                                                                    |  |
| Well Construction Diagram NAME PETERS DRILLING & PUM           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          |                                                                                                |                                                       |                          |                                                                    |  |
| Geophysical Log(s) (PERSON, FIRM, OR CORPORATE P.O. Box 1546 ) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                          | TION) (TYPED OR PRIM                                                                           | · · · · · · · · · · · · · · · · · · ·                 |                          |                                                                    |  |
| Other                                                          | Onemical Amalysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS                                      | ·                                        | 4A1.                                                                                           | CITY                                                  | S                        | TATE ZIP                                                           |  |
|                                                                | FORMATION, IF IT EXISTS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Signed WELL DRILLE                           | RVAUTHORIZED                             | REPRESENTATIVE                                                                                 |                                                       | 1/13/05<br>TE SIGNED     | 456136<br>C-57 LICENSE NUMBER                                      |  |
| DWR 188 REV. 11-97                                             | IF A®DITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | <del></del>                              | CONSECUTIVELY NU                                                                               |                                                       | 0.01120                  | U D. EIGENGE NUMBER                                                |  |

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