ORIGINAL
File with DWR

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STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

No. 1096620

DWR USE ONLY — DO NOT FILL IN
47N | 01W - 36
STATE WELL NO./STATION NO.
LATITUDE LONGITUDE
APN/TRS/OTHER

Owner's Well No. _____
Date Work Began 11-15-2011 Ended 4-9-2012
Local Permit Agency Shasta Co. Public Health
Permit No. 2009-032 Permit Date 4-15-2009

GEOLOGIC LOG

ORIENTATION (✓) ___ VERTICAL ___ HORIZONTAL ___ ANGLE ___ (SPECIFY)
DRILLING METHOD _____ FLUID _____

DEPTH FROM SURFACE Ft.	to Ft.	DESCRIPTION *Describe material, grain size, color, etc.*
0	2	TOP SOIL
4	6	BROWN CLAY
6	35	BROWN SANDSTONE + BROWN CLAY
35	60	BLUE CLAY
60	70	WHITE PUMICE
70	120	BLACK SAND
120	225	GREY CLAY
225	303	BLUE + GREEN CLAY
303	304	WHITE PUMICE
304	410	BLACK + GREY CLAY
410	415	BLACK CLAY + SANDSTONE
415	428	LIGHT BROWN CLAY W/ PUMICE
428	450	LIGHT GREEN CLAY
450	455	WHITE CLAY, PUMICE, GREY CLAY
455	470	WHITE PUMICE + GREY CLAY
470	502	GREY CLAY
502	518	GREY CLAY W/ SANDSTONE
518	806	BLUE CLAY + GREY CLAY
806	818	GREY BASALT
818	833	BROWN/RED CLAYSTONE W/ REDCINDER
833	849	GREY BASALT + RED CLAYSTONE
849	859	GREY BASALT
859	894	RED CLAYSTONE, RED CINDERS, BASALT
894	907	GREY BASALT W/ BLUE CLAYSTONE
907	1039	GREY BASALT W/ RED CINDERS
1039	1086	GREY BASALT
1086	1145	RED CINDERS, GREY + BROWN BASALT
1145	1201	GREY + BROWN BASALT
1201	1818	GREY BASALT

TOTAL DEPTH OF BORING 1,818 (Feet)
TOTAL DEPTH OF COMPLETED WELL 1,818 (Feet)

WELL OWNER

WELL LOCATION

Address 003-330-040-000
City _____
County _____
APN Book ___ Page ___ Parcel ___
Township 47 N Range 1 W Section 36
Lat ___ DEG. ___ MIN. ___ SEC. N Long ___ DEG. ___ MIN. ___ SEC. W

LOCATION SKETCH

NORTH
WEST EAST
Well
Shady Dell Rd.
SOUTH

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

ACTIVITY (✓)

X NEW WELL
MODIFICATION/REPAIR
___ Deepen
___ Other (Specify)
___ DESTROY *(Describe Procedures and Materials Under "GEOLOGIC LOG")*

USES (✓)
WATER SUPPLY
___ Domestic ___ Public
X Irrigation ___ Industrial
MONITORING ___
TEST WELL ___
CATHODIC PROTECTION ___
HEAT EXCHANGE ___
DIRECT PUSH ___
INJECTION ___
VAPOR EXTRACTION ___
SPARGING ___
REMEDIATION ___
OTHER (SPECIFY) ___

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 60 (Ft.) BELOW SURFACE
DEPTH OF STATIC WATER LEVEL 27 (Ft.) & DATE MEASURED 4-9-2012
ESTIMATED YIELD * 4,500 (GPM) & TEST TYPE Air
TEST LENGTH 4 (Hrs.) TOTAL DRAWDOWN 170 (Ft.)
** May not be representative of a well's long-term yield.*

CASING (S)

DEPTH FROM SURFACE Ft.	to Ft.	BORE-HOLE DIA. (Inches)	TYPE (✓) BLANK	SCREEN	CON-DUCTOR	FILL PIPE	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
0	335	24	X				Steel	15 3/8	.375	
322	810	15 3/8	X				Steel	12 1/4	.250	
810	1626	12 1/4								
1626	1818	9 7/8								

ANNULAR MATERIAL

DEPTH FROM SURFACE Ft.	to Ft.	TYPE CE-MENT (✓)	BEN-TONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)
0	335	✓			

ATTACHMENTS (✓)

___ Geologic Log
___ Well Construction Diagram
___ Geophysical Log(s)
___ Soil/Water Chemical Analyses
___ Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Chancellor Drilling + Pump
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
5437 Altamont Drive Klamath Falls OR 97603
ADDRESS CITY STATE ZIP
Signed [signature] 6-22-12 407388
C-57 LICENSED WATER WELL CONTRACTOR DATE SIGNED C-57 LICENSE NUMBER

DWR 188 REV. 05-03 IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM OSP 03 78836