ORIGINAL File with DWR

Notice of Intent No._

STATE OF CALIFORNIA

* 4 1 1 1 - W Do not fill in

THE RESOURCES AGENCY DEPARTMENT OF WATER RESOURCES WATER WELL DRILLERS REPORT

No. 14957

Notice of Intent No WAIER WELL DRILLERS REPURI State Well No	
Local Permit No. or Date	Other Well No.
	: 2769
	(12) WELL LOG: Total depth ft. Wolfer completed well 42tt.
	from ft. to ft. Formation (Describe by color, character, size or material)
(2) LOCATION OF WELL (See instructions): County 5 6 7 9 Owner's Well Number	
	0-1001
Well address if different from above	C 6 3 6 1 1
Township 34 N Range 5 Section	6 140 SANDSTONE
Distance from cities, roads, railroads, fences, etc. EAST ROUNDER:	- ///
- INDEAST NOUNGING	- ^ \\
	_ //
(3) TYPE OF WORK:	A
New Well Deepening	
_	
Reconditioning Horizontal Well	
Horizontal Well	111 - 11 O
Destruction (Describe destruction materials and	
procedures in Item 12	
(4) PROPOSED USE:	
Domestic	7 -11 - 62 11
Irrigation	
Industrial	1/2 T
Destruction (Describe destruction materials and procedures in Item 12) (4) PROPOSED USE Domestic Irrigation Industrial Test Well	
Stock	
Municipal	
WELL LOCATION SKETCH Other	, -5
(5) EQUIPMENT: (6) GRAVET PACK:	
Rotary Reverse No Size	
Cable Air Disputer of bore	
Other Bucket Ruked from	
(7) CASING INSTALLED: (8) PERFORATIONS:	5 -
Steel Plastic Concrete Type of perforation or vize of screep	
From To Dia. Gage or From To Sort	_
ft. ft. Wall ft. size	-
0 44 2 12	_
	_
	-
(9) WELL SEAL:	_
Was surface sanitary seal provided? Yes No [If yes, to depth ft.	
Were strata sealed against pollution? Yes No Intervalft. Method of sealing Renylo	- 10 0 10 10 10 10 10 10 10 10 10 10 10 1
	Work started 19 Completed 19 19 19 WELL DRILLER'S STATEMENT:
(10) WATER LEVELS: Depth of first water, if knowntt.	This well was drilled under my jurisdiction and this report is true to the best of my
Standing level after well completion 12 ft.	knowledge and belief.
(11) WELL TESTS:	Signed
Was well test made? Yes No I If yes, by whom? Type of test Pump I Bailer I Air lift	(Well Driller)
Depth to water at start of test 12 ft. At end of testft	NAME (Person, firm, or corporation) (Typed or printed)
Discharge 2 gal/min after / hours Water temperature &C	Address 7021 FASTSIDE, No.
Chemical analysis made? Yes No I If yes, by whom?	City ANDERSON CA/. Zip 1600)
lectric log made? Yes \(\) No \(\) If yes, attach copy to this report	License No. 1/0880 Date of this report 15-31