

ORIGINAL
File with DWR
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STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet
No. **E070180**

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

Owner's Well No. **F&T #1**
Date Work Began **4/30/2008**, Ended **4/30/2008**
Local Permit Agency **San Luis Obispo County**
Permit No. **2008-074** Permit Date **4/18/2008**

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL HORIZONTAL ANGLE _____ (SPECIFY)

DEPTH FROM SURFACE
Fl. to Fl.

DRILLING METHOD **ROTARY** FLUID **Air**

DESCRIPTION
Describe material, grain, size, color, etc.

0	3	TOP SOIL
3	165	BROWN CLAY & GRAVEL
165	200	SHALE GRAVEL
200	250	BLUE SHALE GRAVEL & CLAY
250	500	BROWN SHALE

The Air Lift Test is only approximate. A Test Pump is recommended for an accurate account. (WP)

TOTAL DEPTH OF BORING **500** (Feet)
TOTAL DEPTH OF COMPLETED WELL **500** (Feet)

WELL OWNER

Name **Tom Buggie**
Mailing Address **P.O. Box 6029**
Bellingham WA **98227**
CITY STATE ZIP

WELL LOCATION

Address **Off Kiler Canyon Road**
City **Paso Robles CA**
County **San Luis Obispo**
APN Book **026** Page **371** Parcel **003**
Township **27 S** Range **11 E** Section **1**
Latitude **35 36 213 N** **120 43 485 W**
DEG. MIN. SEC. DEG. MIN. SEC.

LOCATION SKETCH

NORTH SOUTH WEST EAST

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 (✓)

NEW WELL
 MODIFICATION/REPAIR
 Deepen
 Other (Specify) _____

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

PLANNED USES (✓)

WATER SUPPLY
 Domestic Public
 Irrigation Industrial

MONITORING _____
TEST WELL _____
CATHODIC PROTECTION _____
HEAT EXCHANGE _____
DIRECT PUSH _____
INJECTION _____
VAPOR EXTRACTION _____
SPARGING _____
REMEDICATION _____
OTHER (SPECIFY) _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (Fl.) BELOW SURFACE **1**

DEPTH OF STATIC WATER LEVEL **200** (Fl.) & DATE MEASURED **4/30/2008**

ESTIMATED YIELD **30** (GPM) & TEST TYPE **Air Lift**

TEST LENGTH **3** (Hrs.) TOTAL DRAWDOWN _____ (Fl.)

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

CASING (S)

DEPTH FROM SURFACE Fl. to Fl.	BORE-HOLE DIA. (Inches)	TYPE (✓)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
		BLANK	SCREEN	CON-DUCTOR	FILL PIPE				
0	180	10	✓			F-480 PVC	5	SDR 21	
180	500	10		PERF		F-480 PVC	5	SDR 21	.040

ANNULAR MATERIAL

DEPTH FROM SURFACE Fl. to Fl.	TYPE			FILTER PACK (TYPE/SIZE)
	CE-MENT (✓)	BEN-TONITE (✓)	FILL (✓)	
0	50	✓		
50	500		✓	Monterey Mix

- ATTACHMENTS (✓)**
- Geologic Log
 - Well Construction Diagram
 - Geophysical Log(s)
 - Soil/Water Chemical Analysis
 - 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 **FILIPPONI & THOMPSON DRILLING**
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
ADDRESS **P.O. BOX 845** **ATASCADERO** CA **93423**
CITY STATE ZIP
Signed *Neelam Thompson* **05/02/08** **432680**
WELL DRILLER AUTHORIZED REPRESENTATIVE DATE SIGNED C-57 LICENSE NUMBER