

Technical Appendices

Appendix A
Well Completion Report Database

Well Characteristics Tables Pages 66 -69
(In order of assigned Well # for analysis purposes-last 3 digits of WCR number)

Located WCRs, Copies of Well Completion Reports from OSWCR Pages 70-90
(In order of assigned Well # for analysis purposes-last 3 digits of WCR number)

WCRs' with insufficient data to locate Pages 91-104

WCR #	1038	1039	378178	952194	784293
Well Num.	038	039	178	194	293
Use	Dom	Dom	Dom	Dom	Dom
TRS	43N/10W-3 5	43N/10W-3 6	43N/10W-3 6	43N/10W-3 6	43N/10W-3 6
APN	024-450-44 0	024-430-46 0	024-430-50 0	024-430-32 0	024-430-15 0
Date Const.	6/14/1993	8/7/1996	2/29/1992	8/12/2015	10/31/2000
TD	60	60	100	105	80
Top Perf	37	40	70	60	40
Bot Perf	68	60	100	105	80
Csg Dia	6	6	8	8	6
GS Elev	3065	2942	2960	2982	2997
Static WL	22	20	12	25	NR
GW Elev.	3043	2922	2948	2957	NR
Yield	20	20	200	20	15
Drawdown	NR	NR	0	NR	NR
Test Length	NR	NR	2	2	NR
Spec Cap	NR	NR	>200?	NR	NR
KCAF/Bedrx	58	>60	>100	>105	77
BedRx Elev	3007	<2882	<2860	2877	2920

WCR# = Well Completion Report Number

TRS = Township/Range-Section

APN= Assessor's Parcel Number

Date Const. = Date well was constructed

TD = Total Depth, in feet

Top Perf = Top of perforated interval, in feet

Bot Perf = Bottom of perforated interval, in feet

Csg Dia = Casing Diameter, in inches

GS Elev = Ground Surface Elevation, in feet above msl

Yield = Yield of well, in gpm

Drawdown = Distance from static water level to pumping level, in feet

Test Length = How long the pumping test was conducted, in hours

Spec Cap = Specific Capacity of the well, yield/drawdown, in gpm/foot of drawdown

KCAF/Bderx = Depth to the bottom of the Kidder Creek Alluvial Fan Deposits and top of Bedrock, in feet. > = greater than the reported value.

BedRx Elev = The elevation of the top of bedrock, in feet above msl. < = elevation lower than reported value

WCR #	553350	353361	553385*	750432	750464
Well Num.	350	361	385	432	464
Use	Dom	Dom	Dom	Dom	Dom
TRS	43N/10W-3 6	43N/10W-3 6	43N/10W-3 5	43N/10W-3 6	43N/10W-3 6
APN	024-430-49 0	024-430-18 0	024-450-09 0	024-440-04 0	024-580-15 0
Date Const.	3/23/1995	9/19/1995	9/15/1995	7/31/2001	1/24/2002
TD	100	100	90	325	150
Top Perf	55	35	50	100	80
Bot Perf	100	100	90	325	150
Csg Dia	6	6	6	6	6
GS Elev	2957	3020	NR	3002	3011
Static WL	NR	NR	15	NR	50
GW Elev.	NR	NR	NR	NR	2961
Yield	25	15	20	15	5
Drawdown	NR	NR	NR	0	NR
Test Length	NR	NR	NR	1	2
Spec Cap	NR	NR	NR	NR	NR
KCAF/Bedrx	>100	>100	70 Qal ?	65	0
BedRx Elev	<2857	<2920	NR	2937	3011

* Well # 385 is outside KCAF area – Bedrock area

WCR #	951676	508749	508757	493823	78960
Well Num.	676	749	757	823	960
Use	Dom	Dom	Dom	Dom	Dom
TRS	43N/10W-3 6	43N/10W-3 5	43N/10W-3 6	43N/10W-3 6	43N/10W-3 6
APN	024-430-23 0	024-580-06 0	024-430-03 9	024-430-20 0	024-440-19 0
Date Const.	6/10/2013	9/12/1999	11/11/1999	8/23/1993	6/27/1984
TD	100	60	93	100	26
Top Perf	60	30	60	NR	22
Bot Perf	100	60	93	NR	26
Csg Dia	6	6	6	8	8
GS Elev	2987	3050	2987	2997	2996
Static WL	30	NR	NR	15	NR
GW Elev.	2957	NR	NR	NR	NR
Yield	15	10	10	60	30
Drawdown	NR	NR	NR	20	NR
Test Length	2	1	1	4	NR
Spec Cap	NR	NR	NR	3.0	NR
KCAF/Bedrx	>100	56	90	95	>26
BedRx Elev	<2887	2994	2897	2902	<2970

WCR #	1076961	485963	406964	001-Camp	
Well Num.	961	963	964	001	003
Use	Dom	Dom	Dom	Dom	Irr
TRS	43N/10W-3 5	43N/10W-3 6	43N/10W-3 6	43N/10W-3 6	43N/10W-36
APN	024-450-46 0	024-580-17 0	024-430-40 0	NR	024-440-180
Date Const.	8/12/2004	2/28/1994	6/30/1993	NR	NR
TD	82	65	57	73	20
Top Perf	NR	20	0?	NR	NR
Bot Perf	NR	60	5?	NR	NR
Csg Dia	6	NR	NR	6	6
GS Elev	3048	2994	2985	3042	2991
Static WL	NR	8	23	25	NR
GW Elev.	NR	2986	2928	3017	NR
Yield	0	NR	12	21	95
Drawdown	NR	NR	NR	37	NR
Test Length	NR	NR	1	2	2
Spec Cap	NR	NR	NR	0.6	NR
KCAF/Bedrx	0	55	>57	NR	>20
BedRx Elev	3048	2936	<2928	3002	<2971

WCR #						
Well Num.	002					
Use	Dom					
TRS	43N/10W-3 6					
APN	NR					
Date Const.	NR					
TD	40					
Top Perf	NR					
Bot Perf	NR					
Csg Dia	8					
GS Elev	3012					
Static WL	15					
GW Elev.	2997					
Yield	9					
Drawdown	20					
Test Length	4					
Spec Cap	1.8					
KCAF/Bedrx	>40?					
BedRx Elev	<2947?					

WCRs That Could Be Located

Well # 038

~~62331~~
1038 Do not fill
43N/10W-35M

ORIGINAL
File with DWR

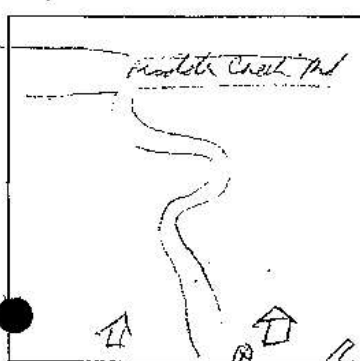
STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Notice of Intent No. _____
Permit No. or Date 623
AP 021-45-44
State Well No. _____
Other Well No. _____

(12) WELL LOG: Total depth 60 ft. Depth of completed well 60
from ft. to ft. Formation (Describe by color, character, size or material)

0	1	Top soil
1	23	Reddish clay
23	38	Glass
38	58	Sand & Boulders
58	60	Bedrock

(2) LOCATION OF WELL (See instructions):
County Alameda Owner's Well Number _____
Well address if different from above 4000 N. Kidder Creek Rd
Township 43N Range 10W Section 35
Distance from cities, roads, railroads, fences, etc. Widdie Creek Rd



WELL LOCATION SKETCH

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

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

(5) EQUIPMENT:
Rotary Reverse
Cable Air
Other Bucket

(6) GRAVEL PACK:
Yes No Size _____
Diameter of bore _____
Pack height _____

(7) CASING INSTALLED:
Steel Plastic Concrete

From ft.		To ft.		Dis. in.		Casing or Wall		From ft.		To ft.		Slot size	
0	38	38	60	2.50	37	6	1						

(8) PERFORATIONS:
Type of perforation or size of screen _____

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, in depth 23 ft.
Were joints sealed against pollution? Yes No Interval _____ ft.
Method of sealing Ben Crust

Work started _____ 19____ Completed _____ 19____

(10) WATER LEVELS:
Depth of first water, if known 22 ft.
Standing level after well completion 22 ft.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? _____
Type of test Pump Bailor Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Change _____ gal/min after _____ hours. Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Was electric log made? Yes No If yes, attach copy to this report

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of knowledge and belief.
SIGNED Donald M. Snow
(Well Driller)
NAME Donald M
(Person, firm, or corporation) (Typed or printed)
Address Box 651
City Ft. Jones Zip 96322
License No. 380268 Date of this report 6/15/97

DWR 100 (REV. 7-76) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 039

LOG # 1039
Do not fill in
ASN/10W-36M

ORIGINAL
File with DWR

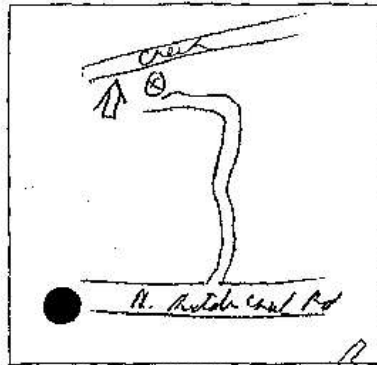
STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Notice of Consent No. _____
Local Permit No. or Date 75

State Well No. _____
Other Well No. _____

(1) OWN
Address _____
City _____
(2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number 1
Well address if different from above _____
Township ASN Range 10W Section 36
Distance from cities, roads, railroads, fences, etc.
ASN 24-430-460

(12) WELL LOG: Total depth 60 ft. Depth of completed well 60 ft.
from ft. to ft. Formation (Describe by color, character, size or material)
0 - 1 1 - 24 24 - 32 32 - 43 43 - 45 45 - 60
1/2 sand
hardness
clay
Reddish & clay
Shale
hardness



(3) TYPE OF WORK:
New Well Deepening
Reconstruction
Reconditioning
Horizontal Well
Destruction (Describe destruction materials and procedures in Item 12)
(4) PROPOSED USE:
Domestic
Irrigation
Industrial
Test Well
Stock
Municipal
Other

(5) EQUIPMENT:
Rotary Reverse
Cable Air
Other Bucket
(6) GRAVEL PACK:
Yes No Size _____
Character of bore _____
Packed from _____
(7) CASING INSTALLED:
Steel Elastic Concrete
Type of perforations or size of screen _____
From ft. To ft. Dia. in. Gauge of Wall From ft. To ft. Slot size
0 60 6 250 40 60 3/16

FOR PUBLIC USE - 13752
SISKIYOU COUNTY
PUBLIC HEALTH DEPT.
1988 AUG 7 PM 12:28
DEC 17 1987
Work started 10 Completed 19
WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
SIGNED Donald P. Edwards
(Well Driller)
NAME Donald P. Edwards
(Person, firm, or corporation) (Typed or printed)
Address 44651
City FT Jona Zip _____
License No. 750248 Date of this report _____

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth 20 ft.
Were struts sealed against pollution? Yes No Interval _____ ft.
Method of sealing Portland
(10) WATER LEVELS:
Depth of first water, if known 24 ft.
Standing level after well completion 20 ft.
(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? _____
Type of test Pump Baller Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ gal/min after _____ hours Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Was electric log made? Yes No If yes, attach copy to this report

DWR 180 (REV. 7-79) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 178

Parcel # 24-4-30-500

43N/10W-36M

ORIGINAL File with DWR

RECEIVED

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

Do not fill in

No. 378178

Notice of Intent No. 484 D.W.R. Local Permit No. or Date 484-5-20-92

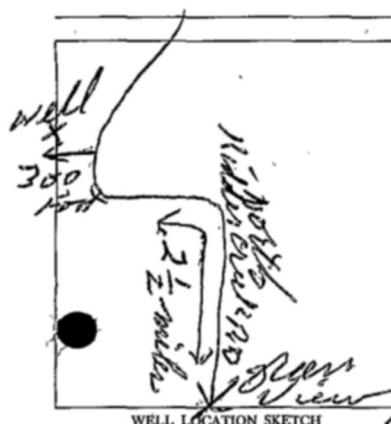
MICHAEL A. PAULA State Well No. Other Well No.

(12) WELL LOG: Total depth 100 ft Completed depth 100 ft from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):

County Colusa Owner's Well Number Well address if different from above Township 43N Range 10W Section 36 Distance from cities, roads, railroads, fences, etc.

1'-Boulders 10'-Brown cemented Boulders water 11'-gray cemented Boulders 60'-water gravel 61'-Brown cemented Boulders 80'-water gravel 90'-Brown cemented gravel 100'-Same as 80'



- (3) TYPE OF WORK: New Well [X] Deepening [] Reconstruction [] Reconditioning [] Horizontal Well [] Destruction [] (Describe destruction materials and procedures in Item 12)

- (4) PROPOSED USE: Domestic [X] Irrigation [] Industrial [] Test Well [] Municipal [] Other [] (Describe)

- (5) EQUIPMENT: Rotary [] Cable [X] Other [] Reverse [] Air [] Bucket []

- (6) GRAVEL PACK: Yes [] No [X] Size Diameter of bore Packed from

(7) CASING INSTALLED: Steel [X] Plastic [] Concrete []

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	slot size
0	100	8 1/4	1/4	70	100	3x1/8

- (8) PERFORATIONS: Type of perforation or size of jet

- (9) WELL SEAL: Was surface sanitary seal provided? Yes [X] No [] If yes, to depth 30 ft. Were strata sealed against pollution? Yes [X] No [] Interval 10-12 ft. Method of sealing Bentonite

Work started 3-16-92 Completed 7-30-92

- (10) WATER LEVELS: Depth of first water, if known 10 ft. Standing level after well completion 12 ft.

WELL DRILLER'S STATEMENT: 479 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Signed Glenn Peterson (Well Driller) NAME ETCHISON Well Drilling (Person, firm, or corporation) (Typed or printed) Address ETNA, CA City 70 Box 766 ZIP 95027 License No. 290377 Date of this report 3-31-92

- (11) WELL TESTS: Was well test made? Yes [X] No [] If yes, by whom? ETCHISON Pump [] Bailor [] Air lift [] No water at start of test 12 ft. At end of test 17 ft. Discharge 200 gal/min after 2 hours Water temperature Chemical analysis made? Yes [] No [X] If yes, by whom? Was electric log made Yes [] No [X] If yes, attach copy to this report

Well # 194

ORIGINAL
 File with DWR. **SEP 28 2015 WELL COMPLETION REPORT**
 Refer to Instruction Pamphlet
 No. **0952194**

Page of
 Owner's Well No.
 Date Work Began 8/10/15 Ended 8/13/15
 Local Permit Agency Siskiyou Co Public Health
 Permit No. W15-132 Permit Date 5/21/15

DWR USE ONLY - DO NOT FILL IN
43N 10W R 30
 STATE WELL REGISTRATION NO.
 LATITUDE _____ LONGITUDE _____
 APN/TRIG/OTHER _____

GEOLOGIC LOG

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

DEPTH FROM SURFACE		DESCRIPTION
FT	IN	
0	29	8" x .250 casing
29	40	cobble stone
40	45	brown clay with gravel
45	70	gravel with water
70	80	yellow clay with gravel
80	105	gravel with water

WELL LOCATION
 Address 5901 Hard Rock Rd
 City Greenview
 County Siskiyou
 APN Book 024 Page 430 Parcel 320
 Township 43N Range 10W Section 36 ✓
 Lat _____ N Long _____ W

LOCATION SKETCH
 NORTH _____
 WEST _____ EAST _____ SOUTH _____
 Illustrate or Describe Distance of Well from Road, Building, Fence, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY (✓)
 NEW WELL
 MODIFICATION/REPAIR
 Drapan _____
 Other (Specify) _____
 DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
USES (✓)
 WATER SUPPLY
 Domestic _____ Public _____
 Irrigation _____ Industrial _____
 MONITORING _____
 TEST WELL _____
 CATHODIC PROTECTION _____
 HEAT EXCHANGE _____
 DIRECT PUSH _____
 INFILTRATION _____
 VAPOR EXTRACTION
 Sparging _____
 REMEDIATION _____
 OTHER (SPECIFY) _____

WATER LEVEL & YIELD OF COMPLETED WELL
 DEPTH TO FIRST WATER 25 (FL) BELOW SURFACE
 DEPTH OF STATIC WATER LEVEL 25 (FL) & DATE MEASURED 8/13/15
 ESTIMATED YIELD 20 (GPM) & TEST TYPE air
 TEST LENGTH 2 (Hrs) TOTAL DRAWDOWN N/A (FL)
 * May not be representative of a well's long-term yield.

TOTAL DEPTH OF BORING 76 (Feet)
 TOTAL DEPTH OF COMPLETED WELL 105 (Feet)

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING (S)						DEPTH FROM SURFACE	ANNULAR MATERIAL					
		TYPE (✓)			MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS		SLOT SIZE IF ANY (Inches)	TYPE				
FL	IN	FL	BLANK	SOREY				CON. DIRT/DIRT		PIPE	FL	IN	FL	CE-MENT (✓)
0	29	8					Steel	8	.250	EXISTING				
29	60	8	X				Steel	6	.250					
60	70	8		X			Steel	6	.250	1/8 x 3				
70	80	8		X			Steel	6	.250					
80	105	8		X			Steel	6	.250	1/8 x 3				

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 McQuaid Well Drilling
 (PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
 ADDRESS PO Box 503 Fort Jones CA 96032
 CITY STATE ZIP
 Signed Mathew J. Juvil 9/14/15 822788
 C-51 LICENSED WATER WELL CONTRACTOR (TYPED OR PRINTED) DATE SIGNED C-52 LICENSE NUMBER

DWR 08 REV. 05-05 IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM 08-09 OSP 03 78806

Well # 293

ORIGINAL
File with DWR
Page 1 of 1

JUN 26 2001 WELL COMPLETION REPORT
STATE OF CALIFORNIA
Refer to Instruction Pamphlet
No. **784293**

Owner's Well No. 784293
Date Work Began 10/31/00 Ended 11/1/00
Local Permit Agency **SISKIYOU COUNTY HEALTH**
Permit No. 3557 Permit Date 10/9/00

DWR USE ONLY - DO NOT FILL IN

43N10W-36
STATE WELL NO./SECTION NO.

LATITUDE _____ LONGITUDE _____

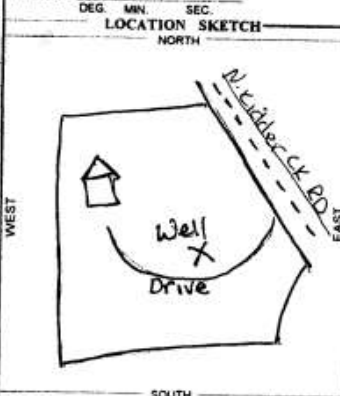
APN/RS/OTHER _____

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL HORIZONTAL ANGLE _____ (SPECIFY)
DRILLING METHOD **ROTARY** FLUID **AIR**

DEPTH FROM SURFACE FL to FL	DESCRIPTION <i>Describe material, grain size, color, etc.</i>
0 28	OLD WELL
28 37	GRAVELY CLAY
37 44	GRAVEL
44 58	GRAVELY CLAY
58 66	GRAVEL
66 77	GRAVELY CLAY
77 80	BLACK SHALE

WELL LOCATION
Address **3116 N. KIDDER CREEK RD.**
City **GREENVIEW CA 96037**
County **SISKIYOU**
APN Book **24** Page **430** Parcel **150**
Township **43 N** Range **10 W** Section **36**
Latitude _____



- DEG. MIN. SEC. **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
- REMEDIATION
- OTHER (SPECIFY) _____

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.

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (FL) BELOW SURFACE **1**

DEPTH OF STATIC WATER LEVEL _____ (FL) & DATE MEASURED **11/1/00**

ESTIMATED YIELD **15** (GPM) & TEST TYPE **AIR LIFT**

TEST LENGTH **1** (hrs) TOTAL DRAWDOWN _____ (FL)

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

TOTAL DEPTH OF BORING **80** (Foot)
TOTAL DEPTH OF COMPLETED WELL **80** (Foot)

DEPTH FROM SURFACE FL to FL	BORE-HOLE DIA (Inches)	TYPE (✓)			CASING (S)			
		BLANK SCREEN	COIL TUBING	FILL PIPE	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GALVE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
0 28	8				STEEL	8	.250	
0 28	8	✓			STEEL	6	.250	
28 40	6	✓			STEEL	6	.250	
40 80	6	✓			STEEL	6	.250	1/8 X 3

DEPTH FROM SURFACE FL to FL	ANNULAR MATERIAL			
	CE-MENT (✓)	BEN-TONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)

- 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 **DIAMOND D WELL DRILLING**
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

PO BOX 651 **FORT JONES CA 96032**
ADDRESS CITY STATE ZIP

Signed _____ DATE SIGNED **11/07/00** 709562
WELL DRILLER/AUTHORIZED REPRESENTATIVE DATE SIGNED C-57 LICENSE NUMBER

OCT 19 2001

DWR 188 (2/97) 11-97

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 350

ORIGINAL
File with DWR
Page ___ of ___
Owner's Well No. _____
Date Work Began 3/24/95
Local Permit Agency San Joaquin Health
Permit No. 2314 Permit Date 3/16/95

RECEIVED
STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet
MAY 01 1995
No. **553350**

DWR USE ONLY - DO NOT FILL IN
4.301/10WA-36M
STATE WELL NO./STATION NO.
LATITUDE _____ LONGITUDE _____
APN/YRS./GILER _____

GEOLOGIC LOG

ORIENTATION (°) VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY) _____

DEPTH FROM SURFACE		DESCRIPTION <i>Describe material, grain size, color, etc.</i>
Ft.	to Ft.	
0	10	Reddleton
10	18	Clay & Sandstone
18	28	Clay & gravel - light
28	43	Reddleton
43	48	Gravel
48	70	Clay & Sandstone
70	72	Gravel - coarse
72	90	Reddleton + clay
90	100	Gravel + sand - wet

TOTAL DEPTH OF BORING 100 (Feet)
TOTAL DEPTH OF COMPLETED WELL 100 (Feet)

WELL LOCATION

Address 3 miles west of Fresno
City in No. Reddleton Canal Rd
County Fresno
APN Book 24 Page 430 Parcel 490
Township 43N Range 10W Section 36W
Latitude _____ NORTH Longitude _____ WEST

LOCATION SKETCH

NORTH

SOUTH

Illustrate or Describe Distances of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. MAKE BE ACCURATE & COMPLETE.

ACTIVITY (°)
 NEW WELL
 MODIFICATION/REPAIR
 — Deepen
 — Other (Specify) _____
 DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
PLANNED USE(S)
(°)
 MONITORING
WATER SUPPLY
 Domestic
 Public
 Irrigation
 Industrial
 "TEST WELL"
 CATHODIC PROTECTION
 OTHER (Specify) _____

DRILLING METHOD Air rotary FLUID _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL 13 (Ft.) & DATE MEASURED 3/29
ESTIMATED YIELD 25 (GPM) & TEST TYPE analyt
TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (Ft.)
** May not be representative of a well's long-term yield.*

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING(S)						DEPTH FROM SURFACE	ANNULAR MATERIAL				
		TYPE (°)				MATERIAL GRADE	INTERNAL DIAMETER (Inches)		GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE		
Ft.	to Ft.	BLANK	SIBREN	COR. DUCTOR	FILL PIPE								
0	21							0	21				
0	55												
55	100												

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 Dale Furrer
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINTED)
ADDRESS P.O. Box 651 Ft. Java Ca 96037
CITY STATE ZIP
Signed Dale Furrer DATE SIGNED 4/11/95 C.F. LICENSE NUMBER 836746
WELL DRILLER/AUTHORIZED REPRESENTATIVE

DWR 166 REV. 7-91

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well# 361

ORIGINAL
File with DWR

STATE OF CALIFORNIA

WELL COMPLETION REPORT

Refer to Instruction Pamphlet

Page _____ of _____

Owner's Well No. _____

No. 553361

Date Work Began _____

Ended 9/20

Local Permit Agency _____

Permit No. 2365

Permit Date 9/12/95

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO. 35N13W-36E-1A

LATITUDE _____ LONGITUDE _____

APN/TRS/OTHER _____

ORIENTATION (✓) VERTICAL HORIZONTAL ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER _____ (IN.) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION
Fl. to	Fl.	
0	10	Gravel & Boulders
10	15	Boulders Clay
15	20	Sandy Clay
20	32	Boulders & sand
32	45	Gravelly Clay
45	52	Sandy Clay
52	65	Gravel
65	80	Gravelly Clay
80	95	Gravel
95	100	Gravelly Clay

Address 3 miles west of San Dimas on
City N. Middle Creek Rd
County
APN Book 6406 Page 29 Parcel 180-180
Township 43N Range 18W Section 36
Latitude _____ Longitude _____

LOCATION SKETCH NORTH SOUTH EAST WEST

ACTIVITY (✓)
 NEW WELL
 MODIFICATION/REPAIR
- Deepen
- Other (Specify) _____

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

PLANNED USE(S) (✓)
 MONITORING
WATER SUPPLY
 Domestic
 Public
 Irrigation
 Industrial
 "TEST WELL"
 CATHODIC PROTECTION
 OTHER (Specify) _____

DRILLING METHOD Air FLUID _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL _____ (Fl.) & DATE MEASURED _____

ESTIMATED YIELD _____ (GPM) & TEST TYPE Air lift

TEST LENGTH _____ (Frs.) TOTAL DRAWDOWN _____ (Fl.)

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

TOTAL DEPTH OF BORING 100 (Feet)
TOTAL DEPTH OF COMPLETED WELL 100 (Feet)

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING(S)					DEPTH FROM SURFACE	ANNULAR MATERIAL				
		TYPE (✓)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)		CE-MENT (✓)	REN-DMITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)	
0	22	10 3/4					0	22				
22	100	6"										
0	35		✓	steel	6	250						
35	100		✓	steel	6	250						

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

CERTIFICATION STATEMENT

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

NAME Diamond D Drilling
(PERSON, FIRM, OR CORPORATION) (PRINTED OR PRINTED)

ADDRESS Main St Fort Jones CITY Ca STATE ZIP 96032

Signed Dale Farn DATE SIGNED 9/30/95 LICENSE NUMBER 709562

WELL DRILLER/AUTHORIZED REPRESENTATIVE

DWR 884-REV. 7-90 IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 385

ORIGINAL
File with DWR

Page ___ of ___

Owner's Well No. _____

Date Work Began 9/15 Ended _____

Local Permit Agency Duquoy H. Hall

Permit No. 2394 Permit Date 9/15/95

NOV 15 1995

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

No. **553385**

DWR USE ONLY - DO NOT FILL IN

45N110W1E35N

STATE WELL NO./STATION NO.

LATITUDE _____ LONGITUDE _____

APN/TRS/CUBER _____

ORIENTATION (✓) VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER _____ (FT) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION <i>Describe material, grain size, color, etc.</i>
Fl. to	Fl.	
0	5	Top soil
5	20	Clay & Red laterite
20	70	Clay & sand
70	90	Decomposed rock

Address 6738 Casagrat Creek Rd

City St. Joes

County _____

APN Book 22N Page 10W Parcel 35

Township 24 Range 45D Section 02

Latitude _____ NORTH _____ WEST

Longitude _____ EAST _____

LOCATION SKETCH NORTH

ACTIVITY (✓)

NEW WELL

MODIFICATION/REPAIR

— Deepen

— Other (Specify) _____

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

PLANNED USE(S) (✓)

— MONITORING

WATER SUPPLY

Domestic

— Public

— Irrigation

— Industrial

— "TEST WELL"

— CATHODIC PROTECTION

— OTHER (Specify) _____

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

TOTAL DEPTH OF BORING 90 (Feet)

TOTAL DEPTH OF COMPLETED WELL 90 (Feet)

DRILLING METHOD _____ FLUID _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL 15 (FL) & DATE MEASURED _____

ESTIMATED YIELD* 200 (GPM) & TEST TYPE _____

TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (FT.)

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

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING(S)					DEPTH FROM SURFACE	ANNULAR MATERIAL								
		TYPE (✓)						TYPE								
Fl. to	Fl.	BLANK	SCREEN	OPEN	DISBUR	FILL PIPE	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	FL. to	FL.	CE-MENT (✓)	BEN-TONITE (✓)	FILL (✓)	FILTER PACK (TYPE / SIZE)
0	10										0	20	X			
20	90										20	90			X	3/8
0	50						PC	6	SDR 24							
50	90						PC	6	SDR 26	1/8						

- 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 Diamond D Well Drilling

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

ADDRESS P.O. Box 657 FL Joes Ca 96028

CITY STATE ZIP

Signed D. D. Hall 11/19/95 707582

WELL OWNER AUTHORIZED REPRESENTATIVE DATE SIGNER D-67 LICENSE NUMBER

DWR 168 REV. 7-93 IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

ORIGINAL
File with DWR

Page 1 of 2

Owner's Well No. 750432

Date Work Began 7/28/01, Ended 8/1/01

Local Permit Agency SISKIYOU HEALTH

Permit No. 3660 Permit Date 6/6/01

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet
No. **750432**

DWR USE ONLY - DO NOT FILL IN

432/OW 36

STATE WELL NO./STATION NO.

LATITUDE _____ LONGITUDE _____

APN/RS/OTHER _____

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL HORIZONTAL ANGLE _____ (SPECIFY)

DRILLING METHOD ROTARY FLUID AIR

DEPTH FROM SURFACE		DESCRIPTION
FL. to	FL.	
0	17	BOULDERS & SAND
17	20	GRAVEL
20	45	GRAVELY CLAY
45	85	SANDY CLAY
65	88	YELLOW ROCK
88	96	BLACK ROCK
96	105	BLUE ROCK
105	128	FRACTURED YELLOW ROCK
128	165	BLUE ROCK
165	280	GRAY ROCK
260	280	GREEN ROCK
280	288	RED ROCK
288	300	GRAY ROCK
300	305	FRACTURED ROCK
305	325	GRAY ROCK

Address SO. KIDDER CREEK RD.

City FORT JONES CA 96032

County SISKIYOU

APN Book 24 Page 440 Parcel 040

Township 43 N Range 10 W Section 36

Latitude _____

DEG. MIN. SEC. LOCATION SKETCH NORTH

DEG. MIN. SEC. 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

REMEDIATION

OTHER (SPECIFY) _____

WEST EAST SOUTH

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

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (FL) BELOW SURFACE 1

DEPTH OF STATIC WATER LEVEL _____ (FL) & DATE MEASURED _____

ESTIMATED YIELD 15 (GPM) & TEST TYPE AIR LIFT

TEST LENGTH 1 (hrs) TOTAL DRAWDOWN _____ (FL)

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

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING (S)				
		TYPE (✓)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
0	20	10 3/4	✓	STEEL	6	.250
20	65	6	✓	PLASTIC	4 1/2	SDR 20
45	100	6	✓			
100	120		✓			1/8 X 2
120	205		✓			
205	225		✓			

DEPTH FROM SURFACE	ANNULAR MATERIAL TYPE		
	CE-MENT (✓)	BEN-TONITE (✓)	FILL (✓)
0	20	✓	✓

ATTACHMENTS (✓)

Geologic Log

Well Construction Diagram

Geophysical Log(s)

Soil/Water Chemical Analysis

Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT NOV 19 2001

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

NAME DIAMOND D WELL DRILLING

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

PO BOX 651 FORT JONES CA 96032

ADDRESS CITY STATE ZIP

Signed Donald M. Juoel DATE SIGNED 08/25/01 STATE 709562 C-67 LICENSE NUMBER

WELL DRILLER/AUTHORIZED REPRESENTATIVE

DWR 188 REV. 11-97

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 464

ORIGINAL
File with DWR

Page 1 of 1

Owner's Well No. 750464

Date Work Began 1/17/02

Local Permit Agency SISKIYOU HEALTH

Permit No. 3545

WELL COMPLETION REPORT

State of California

No. 750464

Filed 1/25/02

Permit Date 1/17/02

USE ONLY FOR STATE WELL REGISTRATION

DATE FILED

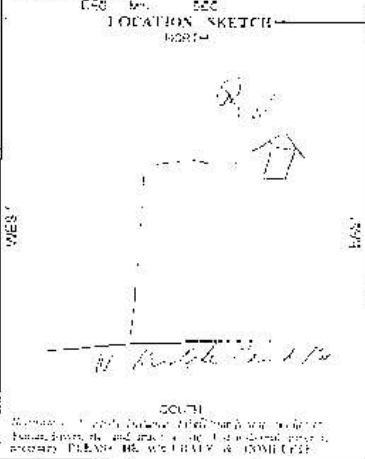
FILED

DATE

GEOLOGIC LOG

DEPTH FROM SURFACE	DEPTH	DESCRIPTION
0	8	CLAY
8	47	BROWN ROCK
47	95	GRAY ROCK
95	100	BLACK ROCK
100	127	GRAY ROCK
127	146	BLACK ROCK
146	170	GRAY ROCK
170	250	BLACK ROCK

Address 3541 N. KIDDER CREEK RD
City FORT JONES CA 96032
County SISKIYOU
APN Book 24 Page 580 Parcel 150
Township 43 N Range 10 W Section 36
Latitude 42° 50' 00" N Longitude 122° 55' 00" W



- PLANNED USES
- WATER SUPPLY
 - DOMESTIC
 - IRRIGATION
 - MONITORING
 - TEST WELL
 - CATHODIC PROTECTION
 - HEAT EXCHANGE
 - INJECT PUMP
 - INJECTION
 - WAPOR EXTRACTION
 - DRAINAGE
 - REMEDIATION
 - OTHER (SPECIFY)

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 60 (SHALLOW SURFACE)

DEPTH OF STABLE WATER LEVEL 60 (DATE MEASURED 1/25/02)

ESTIMATED YIELD 5 (NORMAL RESTRICTION 40R LIFT)

TEST LENGTH 2 (TOTAL DEPTH) 150

(Do not be present at well completion)

PERMIT DEPTH OF TESTS 250
PERMIT DEPTH OF WELL 150

DEPTH FROM SURFACE	BOWLE HOLE DIA (Inches)	TYPE	CASING (SI)				SLOT SIZE (If Any) (Inches)
			MATERIAL GRADE	INTERNAL DIAMETER (Inches)	GRADE OR WALL THICKNESS		
0	20	10 3/4	PLASTIC	5	SDR 26	1/8 X 3	
20	30	8 1/2					
80	160						

DEPTH FROM SURFACE	ANNULAR MATERIAL			
	CEL.	REN.	MEAL	ROUTE
0	21			

ALL COMMENTS

Storage Log

Well Completion Diagram

Geologic Log

Soil Water Chemical Analysis

Other

ATTACH ADDITIONAL INFORMATION AT THE END

CERTIFICATION STATEMENT

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

NAME DIAMOND D WELL DRILLING
(PERSON, FIRM, OR CORPORATION) (IT-430 OR 430-1)

PO BOX 651
ADDRESS FORT JONES CA 96032

DATE SIGNED 02/10/02

WELL DRILLER OR LICENSED REPRESENTATIVE

DATE SIGNED 02/10/02

WELL REGISTRATION NUMBER 709562

Well # 676

ORIGINAL
File with DWR

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instructions Page 101

FOR USE ONLY - DO NOT FILL IN

WATER WELL REGISTRATION NO.

LATITUDE _____ LONGITUDE _____

APN (REGISTRATION)

Page of
Owner's Well No. 1
Date Work Began 6-3-13 Ended 6-11-13
Local Permit Agency Siskiyou Health
Permit No. W-13-006 Permit Date 2-21-13

ORIENTATION (✓)		DRILLING METHOD		ANGLE		DISPLAYS	
<input checked="" type="checkbox"/> VERTICAL		<input type="checkbox"/> HORIZONTAL		_____		_____	
DEPTH FROM SURFACE		Rotary		FLUID		Air	
		Describe material, grain size, color, etc.					
0	10	Bedders					
10	18	Bedders and Clay Brown					
18	25	Bedders and Gravel					
25	30	Bedders and Clay, fine					
30	38	Bedders and Gravel					
38	42	Brown Clay					
42	50	Bedders and Gravel					
50	57	Brown Clay					
57	65	Bedders and Gravel					
65	67	Brown Clay					
67	100	Bedders and Gravel					

WELL LOCATION (5702)

Address Hard Rock Rd
City Orleansville
County Siskiyou
APN Block 024 Page 430 Parcel 230
Township 43N Range 10W Section 36
Lat. _____ Long. _____

LOCATION SKETCH

ACTIVITY (✓)

NEW WELL

MODIFICATION/REPAIR

DESTROY (Describe Procedure and Contents Under GEOLOGIC LOG)

USES (✓)

WATER SUPPLY

IRRIGATION

MONITORING

TEST WELL

GROUND PROTECTION

HEAT EXCHANGE

DIRECT FUSION

INFUSION

VAPOR EXTRACTION

SPARGING

REFRIGERATION

OTHER (SPECIFY)

TOTAL DEPTH OF BORING 104 (Feet)
TOTAL DEPTH OF COMPLETED WELL 100 (Feet)

DEPTH FROM SURFACE	BORE HOLE DIA. (Inches)		CASING (S)				MATERIAL GRADE	INTERNAL DIAMETER (Inches)	CAUSE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
	In	Fr	TYPE (✓)	NO. OF JOBS	SYSTEM	DEPTH				
0	21	10	✓				STEEL	6	-250	
21	60	6	✓				STEEL	6	-250	
60	100		✓				STEEL	6	-250	4X3

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 30 (FEET) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 30 (FEET) & DATE MEASURED 6-11-13

ESTIMATED YIELD 157 (GPM) & TEST TYPE Air

TEST LENGTH 2 (HOURS) TOTAL DRAWDOWN _____ (FEET)

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

ATTACHMENTS (✓)

Geologic Log

Well Construction Diagram

Geotechnical Log(s)

So. 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 be lie

NAME Michael Well Drilling
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

ADDRESS P.O. Box 503 CITY FORT TOWNS STATE CA ZIP 96072

SIGNATURE Matthew Edrington DATE SIGNED 6-13-13 JOB NUMBER 722787

Well # 749

ORIGINAL
File with DWR

Page ___ of ___
Owner's Well No. MAR 20 2000
Date Work Began 11 Sept, Ended 12 Sept
Local Permit Agency Siskiyou
Permit No. 3275 Permit Date 6-7-99

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

No. **508749**

DWR USE ONLY - DO NOT FILL IN

43N 30W 35
STATE WELL NO./STATION NO.

LATITUDE _____ LONGITUDE _____

APN/TRS/OTHER _____

GEOLOGIC LOG

ORIENTATION (∠) _____ VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION <i>Describe material, grain size, color, etc.</i>
Ft.	to Ft.	
0	25	Boulders + Sand
25	38	Boulders + Clay
38	42	Gravel
42	51	Gravelly Clay
51	56	Gravel
56	79	Shale Rock

Address N. Kidder Cr. Rd
City Greenview
County 24-58-06
APN Book 24 Page 580 Parcel 060
Township 43N Range 10W Section 35
Latitude _____ NORTH Longitude _____ WEST

LOCATION SKETCH
NORTH
WEST
EAST
SOUTH
Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY (∠)
NEW WELL _____
MODIFICATION/REPAIR
Desper _____
Other (Specify) _____
DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG") _____
PLANNED USE(S) (∠)
MONITORING _____
WATER SUPPLY
Domestic
Public _____
Irrigation _____
Industrial _____
"TEST WELL" _____
CATHODIC PROTECTION _____
OTHER (Specify) _____

DRILLING METHOD Rotary FLUID Air
WATER LEVEL & YIELD OF COMPLETED WELL
DEPTH OF STATIC WATER LEVEL _____ (Ft.) & DATE MEASURED _____
ESTIMATED YIELD 10 (GPM) & TEST TYPE Air
TEST LENGTH 1 (hrs.) TOTAL DRAWDOWN _____ (Ft.)
** May not be representative of a well's long-term yield.*

TOTAL DEPTH OF BORING 61 (Feet)
TOTAL DEPTH OF COMPLETED WELL 60 (Feet)

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING(S)				ANNULAR MATERIAL					
Ft.	to Ft.		TYPE (∠)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	DEPTH FROM SURFACE	TYPE			
Ft.	to Ft.	BLANK	SCREEN	CONDUIT	FULL PIPE				CE- MENT (∠)	BEN- TONITE (∠)	FILL (∠)	FILTER PACK (TYPE/SIZE)
0	22	10										
22	60	6										
0	30		<input checked="" type="checkbox"/>									
30	60		<input checked="" type="checkbox"/>			Steel	6	250				2 X 3

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 Diamond D Drilling
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINTED)

ADDRESS Main St Fort Jones CITY Ca STATE 96032

Signed Dale Joure DATE SIGNED 12 Sept
WELL DRILLER/REGISTERED REPRESENTATIVE

C-57 LICENSE NUMBER _____

DWR 198 REV. 7-90

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 757

ORIGINAL
File with DWR

RECEIVED

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to instruction Pamphlet

Page ___ of ___

MAR 20 2000

No. 508757

Owner's Well No. _____

Date Work Began 11-10

Ended 11-12-99

Local Permit Agency Siskiyou Co

Permit No. 3339

Permit Date 11-3-99

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE

LONGITUDE

ARW/TSS/OTHER

DEPTH FROM SURFACE			DESCRIPTION <i>Describe material, grain size, color, etc.</i>
Ft.	to	Ft.	
0	12		Boulders & soil
12	26		Gravelly clay
16	24		Boulders & sand
24	60		Gravelly clay
60	66		Sandy Gravel
66	75		Gravelly Clay
75	90		Gravel
90	93		Shale rock

Address: N Kidders Cr Rd

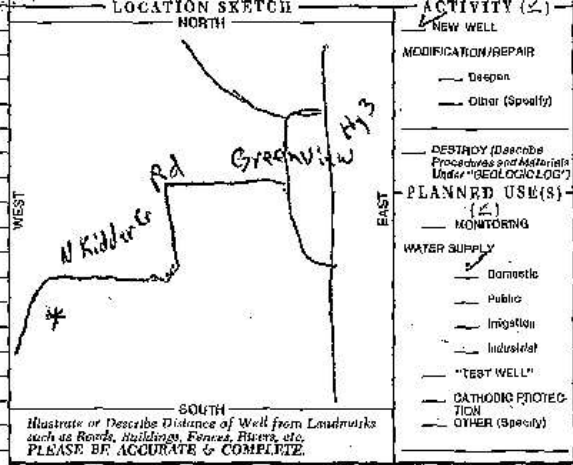
City: _____

County: _____

APN Book 024 Page 403 Parcel 390

Township 43N Range 10W Section 36

Latitude: _____ Longitude: _____



DRILLING METHOD: Rotary FLUID: Air

WATER LEVEL & YIELD OF COMPLETED WELL:

DEPTH OF STATIC WATER LEVEL: _____ (ft.) & DATE MEASURED _____

ESTIMATED YIELD: 10 (GPM) & TEST TYPE: Air Lift

TEST LENGTH: 1 (ft.) TOTAL DRAWDOWN: _____ (ft.)

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

DEPTH FROM SURFACE Ft. to Ft.	BORE-HOLE DIA. (Inches)	CASING(S)					ANNULAR MATERIAL		
		TYPE (✓)	MATERIAL/GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE	FILL (✓)	FILTER PACK (TYPE/SIZE)
0 - 22	10								
22 - 94	6								
0 - 60		✓	steel	6	250	78x3			
60 - 93		✓							

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: Diamond D Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINTED)

ADDRESS: Main st Fort Jones Ca 96032

Signed: Dale Farnes 13 Nov 99 709562

WELL OWNER/AUTHORIZED REPRESENTATIVE DATE SIGNED (CST) LICENSE NUMBER

Well # 823

ORIGINAL
File with DWR

RECEIVED
SEP 03 1993

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 493823

Page ___ of ___

Owner's Well No. _____

Date Work Began 8-8-93, ended 8-23-93

Local Permit Agency County of Siskiyou, Public Health.

Permit No. 816

Permit Date 6-18-93

DWR USE ONLY - DO NOT FILL IN

43 JAN 10 1994 7:30 PM

STATE WELL NO./STATION NO.

LATITUDE _____ LONGITUDE _____

APN/TRS/OTHER _____

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER 40 (ft) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION
Fl.	to Fl.	
0	30	16" Boulder, s, Gray, White
30	40	Brown, Cemented Boulder, s
40	41	Water, 1/2" Gravel, Black-- Gray, White.
41	57	Brown Clay, 12" Boulders-- Gray, Black, White.
57	58	Water, 1/2" Gravel, White-- Black, Gray.
58	75	12" Boulders, White, Gray-- Black.
75	80	Water, 1/2" Gravel, White, Brown, Black, Gray, Green.
80	95	Brown, Clay 12" Boulders White, Gray, Black.
95	100	Red, Rock Black, Green, White.

Address: Kidder, Creek
City: Green, Vlen Calif.
County: Siskiyou
APN Book 13N Page _____ Parcel 24-430-200
Township 42N Range 10W Section W 1/2 36
Latitude: _____ Longitude: _____

LOCATION SKETCH

3 miles from Green Vlen
North Kidder Creek Road

200 yard well
Kidder Creek

ACTIVITY (✓)

NEW WELL
 MODIFICATION/REPAIR
 ___ Deepen
 ___ Other (Specify)

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

PLANNED USE(S) (✓)

___ MONITORING
WATER SUPPLY
 Domestic
___ Public
___ Irrigation
___ Industrial
___ "TEST WELL"
___ CATHODIC PROTECTION
___ OTHER (Specify)

DRILLING METHOD Cable Rig FLUID None

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL 15 (ft) & DATE MEASURED 8-23-93

ESTIMATED YIELD 60 (GPM) & TEST TYPE Bailor

TEST LENGTH 4 (ft) TOTAL DRAWDOWN 20 (ft)

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

TOTAL DEPTH OF BORING _____ (Feet)
TOTAL DEPTH OF COMPLETED WELL 100 (Feet)

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	TYPE (✓)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	ANNULAR MATERIAL				
Fl.	to Fl.		BLANK	SCREEN	PIPE	ELBOW					DEPTH FROM SURFACE	TYPE			FILTER PACK (TYPE/SIZE)
							8	188	1/8-3	0	25				

- 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 Etchison Well Drilling 479
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS PO box 766 Etna, Calif 96027
CITY STATE ZIP

Signature _____ DATE SIGNED 8-23-93 290377
WELL DRILLER/REGISTERED REPRESENTATIVE DATE SIGNED 057 LICENSE NUMBER

DWR 188 TRV. 7-90

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVE NUMBERED FORM

Well # 960

43N/10W-36M
 OCT 16 1984
 Do not fill in
 No. 078960

ORIGINAL
 File with DWR

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

Not a Permit No. _____
 Local Permit No. or Date _____

State Well No. _____
 Other Well No. _____

(2) **LOCATION OF WELL.** (See instructions):
 County SISKIYOU Owner's Well Number _____
 Well address if different from above
 Township 43N Range 10W Section 36
 Distance from dikes, roads, railroads, fences, etc.
South Kidder Creek Rd.

(12) **WELL LOG:** Total depth 26 ft. Depth of completed well 26 ft.
 from ft. to ft. Formation (Describe by color, character, size or material)

0 - 26 Cobbles & River Rock

(3) **TYPE OF WORK:**
 New Well Deepening
 Reconditioning
 Reconditioning
 Horizontal Well
 Driftation (Describe installation methods and procedures in Item 12)
 (4) **PROPOSED USE:**
 Domestic
 Irrigation
 Industrial
 Test Well
 Stock
 Municipal
 Other

Approximately
30 GPM
 Air Rig Lift Only

WELL LOCATION SKETCH

(5) **EQUIPMENT:**
 Rotary Reverse
 Cable Air
 Other Bucket
 (6) **GRAVITY PACK:**
 Yes No Size _____
 Diameter of bore _____
 (7) **CASING INSTALLED:**
 Steel Plastic Concrete
 (8) **PERFORATIONS:**
 Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gauge or Wall	From ft.	To ft.	Slot size
0	26	6	.188	22	26	

(9) **WELL SEAL:**
 Was surface sanitary seal provided? Yes No If yes, to depth _____ ft.
 Were struts sealed against pollution? Yes No Interval _____ ft.
 Method of sealing Cement & Casing

Work started 6/25/ 19 84 Completed 6/27/ 19 84

(10) **WATER LEVELS:**
 Depth of first water, if known _____ ft.
 Standing level after well completion _____ ft.

WELL DRILLER'S STATEMENT:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
 SIGNED: A.E. Bullock 00804
 (Well Driller)
 NAME B & J Drilling Co., Inc
 (Person, firm, or corporation) (Typed or printed)
 Address 9000 E. Callahan Rd.
Callahan, Calif 96014
 City 268012 License No. 9/2/84 Date of this report

(11) **WELL TESTS:**
 Was well test made? Yes No If yes, by whom? _____
 Type of test Pump Bailor Air Bit
 Depth to water at start of test _____ ft. At end of test _____ ft.
 Discharge _____ gal/min after _____ hours Water temperature _____
 Chemical analysis made? Yes No If yes, by whom? _____
 Was electric log made? Yes No If yes, attach copy to this report

DWR 188 (REV. 7-76) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 961

ORIGINAL
 File with DWR ()
 Page ___ of ___
 Owner's Well No. _____
 Date Work Began _____ Ended 8/13/04
 Local Permit Agency SISKIYOU COUNTY HEALTH DEPARTMENT
 Permit No. 4768 Permit Date 4/29/04

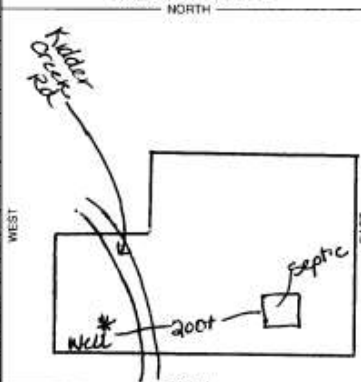
STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet
 No. **1076961**

APN USE ONLY - DO NOT FILL IN
43N/10W-35
 STATE WELL NO./STATION NO.
 LATITUDE LONGITUDE
 APN/TRS/OTHER

DEPTH FROM SURFACE		DESCRIPTION <i>Describe material, grain size, color, etc.</i>
FL	to FL	
0	10	COBBLE & BROWN CLAY
10	142	BLACK SHALE
142	190	SERPENTINE
190	285	GREEN SERPENTINE

ORIENTATION () VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)
 DRILLING METHOD AIR ROTARY FLUID _____

Address 4135 N KIDDER CREEK RD
 City GREENVIEW
 County SISKIYOU
 APN Book 024 Page 450 Parcel 460
 Township 43N Range 10W Section 35
 Lat _____ DEG. MN. SEC. N Long _____ DEG. MN. SEC. W

LOCATION SKETCH
 NORTH

 SOUTH

ACTIVITY ()
 NEW WELL
 MODIFICATION/REPAIR
 _____ Deepen
 _____ Other (Specify) _____
 DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
USES ()
 WATER SUPPLY
 Domestic _____ Public
 _____ 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 _____ (FL) BELOW SURFACE
 DEPTH OF STATIC WATER LEVEL N/A (FL) & DATE MEASURED 8/13/04
 ESTIMATED YIELD 0 (GPM) & TEST TYPE AIRLIFT
 TEST LENGTH 2 (Hrs.) TOTAL DRAWDOWN _____ (FL)
 * May not be representative of a well's long-term yield.

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING (S)				ANNULAR MATERIAL TYPE			
FL	to FL		TYPE ()	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	CEMENT ()	BENTONITE ()	FILL ()
0	23	10								
23	285	8								
0	82		X	STEEL	6	.188				

TOTAL DEPTH OF BORING 285 (Feet)
 TOTAL DEPTH OF COMPLETED WELL 82 (Feet)

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 AQUARIUS WELL DRILLING, INC.
 (PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
P O BOX 6 MT SHASTA CA 96067
 ADDRESS CITY STATE ZIP
 Signed Ronald W. [Signature] DATE 8/18/04 STATE LICENSE NUMBER 366439
 C-57 LICENSED WATER WELL CONTRACTOR ONLY SIGNED C-57 LICENSE NUMBER

DWR 155 REV. 05-03 IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM OSP 03 78836

Well # 963

ORIGINAL
File with DWR

Page 1 of 1

Owner's Well No. 1

Date Work Began 03/15/94, by W. E. E. Ended 03/16/94

Local Permit Agency

Permit No. 2233

Permit Date

RECEIVED

APR 05 1994

STATE OF CALIFORNIA

WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 485963

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE

LONGITUDE

APN/TRB/OTHER

GEOLOGIC LOG

ORIENTATION (Z) VERTICAL HORIZONTAL ANGLE (SPECIFY)

DEPTH TO FIRST WATER 25 (FL) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION
FL.	to FL.	
0	30	ROCK AND SAND
30	50	GRAVEL AND SAND
50	55	GRAVEL AND GREEN ROCK
55	65	BLACK SHALE

Describe material, grain size, color, etc.

WELL LOCATION

Address 3541 NORTH KYDER CREEK RD

City GREENVIEW

County SISKIYOU

APN Book 24 Page 580 Parcel 170

Township 43 Range 10 Section 36

Latitude _____ Longitude _____

LOCATION SKETCH

WEST EAST

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY (Z)

NEW WELL

MODIFICATION/REPAIR

Deepen

Other (Specify)

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

PLANNED USE(S)

MONITORING

WATER SUPPLY

Domestic

Public

Irrigation

Industrial

"TEST WELL"

CATHODIC PROTECTION

Other (Specify)

DRILLING METHOD AIR FLUID

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL 8 (FL) & DATE MEASURED

ESTIMATED YIELD* (GPM) & TEST TYPE

TOTAL DEPTH OF BORING 65 (Feet)

TOTAL DEPTH OF COMPLETED WELL 65 (Feet)

ESTIMATED YIELD* (GPM) & TEST TYPE

TOTAL LENGTH (Hrs.) TOTAL DRAWDOWN (Feet)

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

CASING(S)

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	TYPE (Z)				MATERIAL GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
		BLANK	SCREEN	CON- CRETION	PIPE				
0	20		X			STEEL	6	.250	
20	60		X			STEEL	6	.100	1/8

ANNULAR MATERIAL

DEPTH FROM SURFACE	FL. to FL.	TYPE			
		CE- MENT (Z)	REN- TONITE (Z)	FILL (Z)	FILTER PACK (TYPE/SIZE)
0	20		X		

ATTACHMENTS (Z)

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.

TURNER DRILLING

NAME (PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED) 1485

714-350 U.S. Hwy. 395-E Susanville CA 96130

ADDRESS CITY STATE ZIP

Signed Nancy Turner DATE SIGNED 03/25/94 522037

WELL DRILLER/AUTHORIZED REPRESENTATIVE

DWR 158 REV. 7-90 IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 964

ORIGINAL File with DWR
 RECEIVED WELL COMPLETION REPORT
 STATE OF CALIFORNIA
 Refer to Instruction Pamphlet
 No. 406964
 Page ___ of ___
 Owner's Well No. JUL 09 1993
 Date Work Began 7-2-93
 Local Permit Agency Siskiyou County Health Dept.
 Permit No. 645 Permit Date 6-14-93

DWR USE ONLY - DO NOT FILL IN
 STATE WELL NO./STATION NO.
 LATITUDE
 LONGITUDE
 APN/PTS/OTHER

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL HORIZONTAL ANGLE (SPECIFY)

DEPTH TO FIRST WATER 23 (ft) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION
Ft.	to Ft.	
0	16	Cobble Mixed w/green Clay
16	19	Brown Clay
19	46	Boulders & Brown Clay
46	57	Boulders & Gravel

Describe material, grain size, color, etc.

WELL LOCATION

Address N. Kidder Creek Road
 City Greenview
 County Siskiyou
 APN Book Page Parcel 24-430-400
 Township 43N Range 10W Section 36
 Latitude DEG. MIN. SEC. NORTH Longitude DEG. MIN. SEC. WEST

LOCATION SKETCH

Well is approx. 2 miles West of Post Office.
 Well is 200 yards West of N. Kidder Creek Road.

ACTIVITY (✓)

NEW WELL
 MODIFICATION/REPAIR
 Deepen
 Other (Specify)

DESTROY (Describe Procedure and Materials Under "BIOLOGIC LOG")

PLANNED USE(S) (✓)

MONITORING
 WATER SUPPLY
 Domestic
 Public
 Irrigation
 Industrial
 "TEST WELL"
 CATHODIC PROTECTION
 OTHER (Specify)

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc.
 PLEASE BE ACCURATE & COMPLETE.

DRILLING METHOD Air Rotary FLUID

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL 23 (Ft.) & DATE MEASURED 7-2-93

ESTIMATED YIELD 12+ (GPM) & TEST TYPE Air Lift

TEST LENGTH 1 (Hrs.) TOTAL DRAWDOWN (Ft.)

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

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING(S)				ANNULAR MATERIAL					
Ft.	to Ft.		TYPE (✓)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	DEPTH FROM SURFACE Ft. to Ft.	TYPE	GE-MENTION (✓)	BEN-TONITE (✓)	FILL (✓)
0	5	10	X	Steel		.188	3 x 1/2	0	21	X		
0	57		X	Steel	6	.250						

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 AQUARIUS WELL DRILLING, INC. 800
 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINTED)
 P.O. BOX 6 MT. SHASTA, CA 96067
 ADDRESS CITY STATE ZIP
 Signed Doree Wall DATE 7/5/93 366439
 WELL DRILLER/AUTHORIZED REPRESENTATIVE DATE SIGNATURE GST LICENSE NUMBER

Well # 001 – Camp Well



**Scott River Pump
& Irrigation, Inc.**
 11231 North Highway 3, Fort Jones, Ca. 96032
 Ph.# (530) 468-2916 Fax# (530) 468-2928
 Ca. Lic# 851271 E-mail srp@sisqtel.net
 Visit our website: ScottRiverPump.com

October 1, 2014

Kidder Creek Orchard Camp
 PO Box 208
 Greenview, CA 96037

Depth of well 73' Depth to water 25' Size and type of well casing 6" steel

WELL TEST

Time	Gal./Min	
Start	96.75	Ran for 1 minute before running out of water
0:05	28.55	
0:10	15:35	Depth of water 62 feet
0:15	16.20	" "
0:20	16.65	" "
0:25	17.40	" "
0:30	26.65	" "
0:35	21.20	" "
0:40	21.45	" "
0:45	21.80	" "
0:50	22.30	" "
0:55	21.80	" "
1:00	21.80	" "
1:05	22.05	" "
1:10	22.15	" "
1:15	21.60	" "
1:20	22.35	" "
1:25	21.90	" "
1:30	21.81	" "
1:35	21.42	" "
1:40	21.23	" "
1:45	20.46	" "
1:50	20.31	" "
1:55	20.38	" "

Well # 002

SCOTT RIVER PUMP
 11231 N. Hwy 3
 Fort Jones, Ca. 96032
 (916) 468-2916
 Lic.# 658017

WELL TEST

March 31, 1998

Coldwell Banker
ATTN: Stacy Jackson

Mt. Shasta Title Company
Escrow# 49406-PF

RE: Kettle property. 2333 S. Kidder Creek, Greenview.
Well Location: 50' west of house.

Depth of Well APPROX. 40' Depth to Water 15'

Size of Well Casing 8" Type of Well Casing STEEL

FOUR HOUR WELL TEST

Time	Gal./Min.	Depth to water
0:00	14.7	15'
0:05	14.1	17
0:10	14.3	18
0:15	13.5	18
0:20	12.1	20
0:25	12.6	20
0:30	12.5	20
0:45	12.5	25
1:00	12.0	28
1:15	10.1	30
1:30	9.7	35
1:45	9.6	35
2:00	9.8	35
2:15	9.8	35
2:30	9.6	35
2:45	9.2	35
3:00	9.1	35
3:15	9.0	35
3:30	9.2	35
3:45	9.1	35
4:00	9.0	35

Conclusions: System has a 1/2hp Grundfos submersible pump. Bladder style pressure tank is ok. Has iron removal filter for rusty water and has softener.

I certify that the above information is correct at the date and time this well test was performed.

Wandy Smith Date 4-01-98



11231 North Highway 3, Fort Jones, Ca. 96032
Ph.# (530) 468-2916 Fax# (530) 468-2928
Ca. Lic# 851271 E-mail srp@sisqtel.net
Visit our website: ScottRiverPump.com

August 14, 2018

Mark Clausen
1501 Palmetto Ave #10
Pacifica CA 94044

RE: 2006 S. Kidder Creek Road, Etna

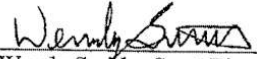
Depth of Well: 20' Location: pumphouse
Size of Well Casing: 6" Type of Well Casing: steel

Two Hour Well Test 8/13/18

Time	GPM
10:00	
10:05	94.63
10:10	95.71
10:15	96.78
10:20	101.35
10:25	101.00
10:30	93.46
10:45	102.05
11:00	101.35
11:15	93.17
11:30	106.38
11:45	89.82
12:00	94.34

Remarks: Functioning as designed.

I certify that the above information is correct at the date and time this test was performed.


Wendy Smith - Scott River Pump & Irrigation Inc.

8-14-18
Date:

WCR's with insufficient data to locate

Well # 002b – Well Destroyed, no yield, Bedrock Well

ORIGINAL
File with DWR
 Page ___ of ___
 Owner's Well No. 1
 Date Work Began 7/26/91 Ended 7/27/91 No. 445002
 Local Permit Agency Siskiyou County Health Department
 Permit No. 368 Permit Date 7/15/91

STATE OF CALIFORNIA
WELL COMPLETION REPORT
 Refer to Instruction Pamphlet

DWR USE ONLY - DO NOT FILL IN
 STATE WELL NO./STATION NO. _____
 LATITUDE _____ LONGITUDE _____
 APN/TRS/OTHER _____

GEOLOGIC LOG

ORIENTATION (∠) VERTICAL HORIZONTAL ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER _____ (FL) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION
FL.	to FL.	
0	10	Red dirt/clay
10	20	Brn clay (yellowish brn.)
20	30	Brn rock w/ clay
30	35	Grey rock w/ clay
35	58	Grey shale
58	94	Grey rock w/ quartz & shale
94	140	Grey rock w/ shale
140	150	Serpentine w/ little shale
150	200	" " " " heavy clay

Address 4155 No. Kidder Creek Rd.
 City Greenview, CA 96037
 County Siskiyou
 APN Book 43N Page 10W Parcel 24-450-460
 Township 43N Range 10W Section 35
 Latitude _____ NORTH Longitude _____ WEST

LOCATION SKETCH

NORTH

WEST EAST

SOUTH

ACTIVITY (∠)
 NEW WELL
 MODIFICATION/REPAIR
 — Deepen
 — Other (Specify) _____
 DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
 PLANNED USE(S) (∠)
 MONITORING
 WATER SUPPLY
 Domestic
 Public
 Irrigation
 Industrial
 "TEST WELL"
 CATHODIC PROTECTION
 OTHER (Specify) _____

Air Rig Lifted 0 gpm
 Dry well
 WELL WAS DESTROYED WITH NOYME
 MATERIALS AS PER COUNTY REGULATION

DRILLING METHOD Rotary Air FLUID _____
 WATER LEVEL & YIELD OF COMPLETED WELL
 DEPTH OF STATIC WATER LEVEL _____ (FL) & DATE MEASURED _____
 ESTIMATED YIELD* 0 (GPM) & TEST TYPE _____
 TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (FL)
 * May not be representative of a well's long-term yield.

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING(S)					ANNULAR MATERIAL				
FL.	to FL.		TYPE (∠)	MATERIAL/ GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	DEPTH FROM SURFACE	TYPE			
FL.	to FL.	BLANK	SCREEN	PIPE	DUCTILE	FLY PIPE	FL.	to FL.	CE- MENT (∠)	BEN- TONITE (∠)	FILL (∠)	FILTER PACK (TYPE/SIZE)
0	95	6						0	0			

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

CERTIFICATION STATEMENT
 I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.
 NAME B & J Drilling Co., Inc.
 (PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
 P.O. Box 237 Hornbrook, CA 96044
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 Signed John A. Edgar DATE SIGNED 3/10/95 268012
 WELL DRILLER/AUTHORIZED REPRESENTATIVE

DWR 185 REV. 7-90 IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 046

43N/10W-35M

ORIGINAL

STATE OF CALIFORNIA
THE RESOURCES AGENCY

Do not fill in

File with DWR

DEPARTMENT OF WATER RESOURCES

No. 202046

Notice of Consent No. 024-450-230
Local Permit No. or Date _____

WATER WELL DRILLERS REPORT

State Well No. _____
Other Well No. _____

(12) WELL LOC: Total depth 250 Depth of completed well 250
From ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):

County Siskiyou Owner's Well Number _____

Well address if different from above _____

Township H3 Range 10W Section 35

Distance from cities, roads, railroads, fences, etc. _____

0 - 41 Clays & Small Rock

with some Boulders

41 - 88 Schist with Quartz

Little Water

88 - 250 Schist with Quartz

South KidderCreek Rd
Greenview, Calif
Above KidderCreek Orchard
Camp

(3) TYPE OF WORK:

New Well Deepening

Reconstruction

Reconditioning

Horizontal Well

Destruction (Describe
destruction materials and
procedures in item 12)

(4) PROPOSED USE:

Domestic

Irrigation

Industrial

Test Well

Stock

Municipal

Other

FOR PUBLIC USE
WATER CODE SEC. 1376

WELL LOCATION SKETCH

(5) EQUIPMENT:
Rotary Reverse
Cable Air
Other Bucket

(6) GRAVEL PACK:
Yes No Size _____
Diameter of hole _____
Packed from _____ to _____

(7) CASING INSTALLED:
Steel Plastic Concrete
From ft. To ft. Dia. in. Gage of Wall
0 41 6 .188

(8) PERFORATIONS:
Type of perforation or size of screen
From ft. To ft. Slot size

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth _____ ft.
Were struts sealed against pollution? Yes No Interval _____ ft.
Method of sealing Cement & Casing

(10) WATER LEVELS:
Depth of first water, if known _____ ft.
Standing level after well completion _____ ft.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? _____
Type of test Pump Baller Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ gal/min after _____ hours Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Was electric log made? Yes No If yes, attach copy to this report

Work started 3/10 19 88 Completed 3/15/88
WELL DRILLER'S STATEMENT:
This well was drilled under my supervision and this report is true to the best of my knowledge and belief.
Signed A.C. Butts (Well Driller)
NAME B & J Drilling Co., Inc
(Person, firm, or corporation) (Typed or printed)
Address 9000 E. Callahan Rd
City Callahan, Calif Zip 96014
License No. 268x012 Date of this report 3/19/88

DWR 188 (REV. 7-78) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 258

73 N/10W-36 Do not fill in

ORIGINAL
File with DWR

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

No. 11258

Notice of Intent No. _____
Local Permit No. or Date _____

State Well No. _____
Other Well No. _____

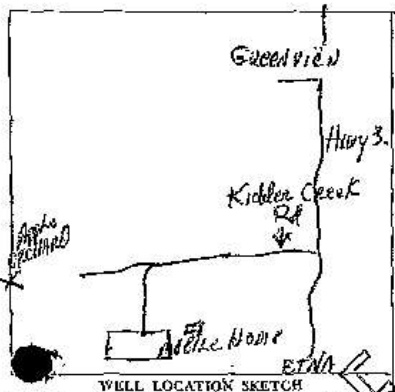
OWNER
Address _____
City _____

(12) WELL LOG: Total depth _____ ft. Depth of completed well _____ ft.
from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):

County Sierra Owner's Well Number _____
Well address if different from above Kidder Creek Rd
Township 43 N Range 36 Section 10W
Distance from cities, roads, railroads, fences, etc. Parcel 24-540-130

Test Hole 6"
0 - 128 Cobbles, Shist & Clay



(3) TYPE OF WORK:
New Well Deepening
Reconstruction
Reconditioning
Horizontal Well
Destruction (Describe destruction materials and procedures in Item 12)
(4) PROPOSED USE:
Domestic # 2
Irrigation
Industrial
Test Well
Stock
Municipal
Other

Completed Well
0 - 70 Cobbles, Clay, & Shist

(5) EQUIPMENT:
Rotary Reverse
Cable Air
Other Bucket

(6) GRAVEL PACK:
Yes No Size _____
Diameter of bore _____
Pack depth _____

(7) CASING INSTALLED:

From ft.	To ft.	Dia. in.	Material
0	10	4 1/2	steel
0	67	6	WU

(8) PERFORATIONS:

From ft.	To ft.	Slot size
47	67	

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth 20 ft.
Were struts sealed against pollution? Yes No Interval _____ ft.
Method of sealing Cement & Casing

Work started 5/26/77 Completed 5/31/77

(10) WATER LEVELS:
Depth of first water, if known _____ ft.
Standing level after well completion _____ ft.

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

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? _____
Type of test Pump Bailor Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ gal/min after _____ hours Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Was sludge test made? Yes No If yes, attach copy to this report

SIGNED: R.E. Duth (Well Driller)
NAME: B & J Drilling Co., Inc.
Address: RT Rt 15
City: Callahan, Calif 96014 Zip: 96014
License No. 268012 Date of this report 7-5-77

Well # 405

43N/10W-35

Do not fill in

ORIGINAL
File with DWR

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

No. 12405

Notice of Intent No. _____
Local Permit No. or Date _____

State Well No. _____
Other Well No. _____

(1) 31

Address _____
City _____

(2) LOCATION OF WELL (See instructions):
County Siskiyou Owner's Well Number _____

Well address if different from above _____
Township 43N Range 10W Section 35
Distance from cities, roads, railroads, fences, etc. _____

Kidder Creek Rd- Scott Valley

(12) WELL LOG: Total depth 54 ft. Depth of completed well 54 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

0-30 River Rock, Quartz
@ 30 Little Water
30-48 River Rock & Quartz
About 25 to 30 GPM
48-54 River Rock & Quartz
@ 52 Into Hard Bedrock
Approximately 25 to 30
GPM
Air Rig Lift

(3) TYPE OF WORK:

New Well Deepening
Reconstruction
Reconditioning
Horizontal Well

Destruction (Describe destruction materials and procedures in Item 22)

(4) PROPOSED USE:

Domestic
Irrigation
Industrial
Test Well
Stock
Municipal
Other

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary Reverse
Cable Barber Air
Other Bucket

(6) GRAVEL PACK:

Yes No Size _____
Diameter of bore _____
Packed from _____

(7) CASING INSTALLED:

Steel Plastic Concrete

(8) PERFORATIONS:

Type of perforation or size of screen _____

From ft.	To ft.	Dia. in.	Gauge or Wall	From ft.	To ft.	Slot size
0	54	8	.188	30	54	

(9) WELL SEAL:

Was surface sanitary seal provided? Yes No If yes, to depth _____ ft.
Were strata sealed against pollution? Yes No Interval _____ ft.
Method of sealing Casing & Cement

Work started 2/13 19 82 Completed 4/16 19 82

(10) WATER LEVELS:

Depth of first water, if known _____ ft.
Standing level after well completion _____ ft.

WELL DRILLER'S STATEMENT:

804
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

(11) WELL TESTS:

Was well test made? Yes No If yes, by whom? _____
Type of test Pump Bailor Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ gal/min after _____ hours. Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Well log made? Yes No If yes, attach copy to this report

SIGNED A.E. Butler
(Well Driller)

NAME B & J Drilling Co., Inc
(Person, firm, or corporation) (Typed or printed)

Address 9000 E. Callahan Rd

City Callahan, Calif Zip 96014

License No. 268012 Date of this report 4/17/82

DWR 708 (REV. 7-79) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM (11) (10-1983 7-79 9048 QD 007)

Well # 477B

43N/10W-36

ORIGINAL
File with DWR

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

Do not fill in
No. 141447B

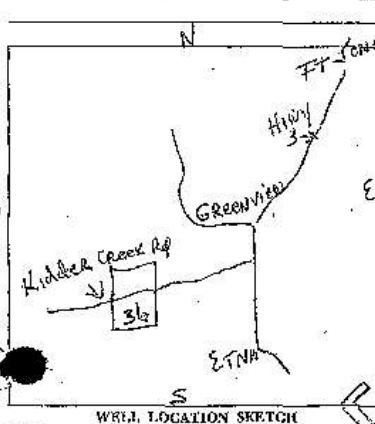
Notice of Intent No. _____
Permit No. or Date _____

State Well No. _____
Other Well No. _____

(1) Address: _____
City: _____
(2) LOCATION OF WELL (See instructions):
County Siskiyou Designer's Well Number _____
Well address if different from above Quartz Valley
Township 43N Range 10W Section 36
Distance from cities, roads, railroads, fences, etc. _____

(12) WELL LOG: Total depth 31 ft. Depth of completed well 31 ft.

0 - 10	Top Soil & Cobbles
10 - 20	Cobbles & Sand & Gravel
20 - 30	Gravel & Sand
30 - 31	Broken Shale



(3) TYPE OF WORK:
 New Well Deepening
 Reconstruction
 Reconditioning
 Horizontal Well
 Destruction (Describe destruction materials and procedures in Item 14)
 (4) PROPOSED USE:
 Domestic
 Irrigation
 Industrial
 Test Well
 Stock
 Municipal
 Other

(5) EQUIPMENT:
 Rotary Reverse
 Cable Hessing Air
 Other Bucket

(6) GRAVEL PACK:
 Yes No Size _____
 Diameter of bore _____
 Packed from _____ to _____

(7) CASING INSTALLATION:
 Steel Plastic Concrete
 From ft. To ft. Dia. in. Casing Wall

0	31	8	250
---	----	---	-----

(8) PERFORATIONS:
 Type of perforation or size of screen _____

(9) WELL SEAL:
 Was surface sanitary seal provided? Yes No If yes, to depth 20 ft.
 Were strata sealed against pollution? Yes No Interval 20 ft.
 Method of sealing Cement & Casing

Work started 7/6 19 78 Completed 7/5 19 78

(10) WATER LEVELS:
 Depth of first water, if known 29 ft.
 Standing level after well completion _____ ft.
 (11) WELL TESTS:
 Was well test made? Yes No If yes, by whom? _____
 Type of test Pump Bailor Air lift
 Depth to water at start of test _____ ft. At end of test _____ ft.
 Discharge _____ gal/min after _____ hours Water temperature _____
 Soil analysis made? Yes No If yes, by whom? _____
 Electric log made? Yes No If yes, attach copy to this report

WELL DRILLER'S STATEMENT:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
 SIGNED A. E. Butler
 (Well Driller)
 NAME B & J Drilling Co., Inc.
 (Person, firm, or corporation) (Typed or printed)
 Address Rt 15
 City Callahan, Calif Zip 96014
 License No. 268012 Date of this report 7/18/78

DWR 188 (REV. 7-75) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 448

4311/10w-36

ORIGINAL
File with DWR

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

Do not fill in

No. 141448

of Tract No. _____
Local Permit No. or Date _____

State Well No. _____
Other Well No. _____

(1) (

Address _____
City _____

(12) WELL LOG: Total depth 47 ft. Depth of completed well 47 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):

County Siskiyou Owner's Well Number _____

Well address if different from above KLONDER CREEK RD-GREENVIEW

Township 43N Range 10W Section 36

Distance from cities, roads, railroads, fences, etc. _____

0 -10 Topsoil & Cobbles
10-20 Cobbles and Sand
20-30 Sandstone
30-40 Sandstone
40-47 Sandstone & Shale

(3) TYPE OF WORK:

New Well Deepening
 Reconstruction
 Reconditioning
 Horizontal Well
 Destruction (Describe destruction materials and procedures in item 12)

(4) PROPOSED USE:

Domestic
 Irrigation
 Industrial
 Test Well
 Stock
 Municipal
 Other

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary Casing Reverse
 Cable Hammer Air
 Other Bucket

(6) GRAVEL PACK:

Yes No Size _____
 Diameter of bore _____
 Packed from _____ ft.

(7) CASING INSTALLED:

Steel Plastic Concrete

(8) PERFORATIONS:

Type of perforation or size of screen _____

From ft.	To ft.	Dis. in.	Gage or Wall	From ft.	To ft.	Slot size
0	47	8		42	47	

(9) WELL SEAL:

Was surface sanitary seal provided? Yes No If yes, to depth 20 ft.
 Were struts sealed against pollution? Yes No Interval 20 ft.
 Method of sealing _____

(10) WATER LEVELS:

Depth of first water, if known 42 ft.
 Standing level after well completion _____ ft.

(11) WELL TESTS:

Was well test made? Yes No If yes, by whom? _____
 Type of test Pump Baller Air lift
 Depth to water at start of test _____ ft. At end of test _____ ft.
 Charge _____ gal/min after _____ hours Water temperature _____
 Chemical analysis made? Yes No If yes, by whom? _____
 Was electric by roads? Yes No If yes, attach copy to this report

5 GPM

Work started 7/7/78 19 78 Completed 7/8/78 19 78

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

Signature A. C. Butts
 (Well Driller)
 NAME B & J Drilling Co., Inc.
 (Person, firm, or corporation) (Typed or printed)
 Address Rt 15
 City Callahan, Calif Zip 96014
 License No. 268012 Date of this report 7/18/78

DWR 188 (REV. 7-76) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

43N/10W-36

ORIGINAL
File with DWR

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

Do not fill in
No. 112525

No. of Patent No. _____
Local Permit No. or Date _____

State Well No. _____
Other Well No. _____

(1) OWNER

Address _____
City _____

(2) LOCATION OF WELL (See instructions):

County Siskiyou Owner's Well Number _____

Well address if different from above KidderCreekRd-Quartz Valley

Township 43 N Range 10 W Section 36

Distance from cities, roads, railroads, fences, etc. _____

(12) WELL LOC: Total depth 62 1/2 ft. Depth of completed well 62 1/2 ft.
from ft. to ft. Formation (Describe by color, character, size of material)

0 - 10 Top soil & Boulders.

10 - 20 Cobbles

20 - 30 Sand & Gravel

30 - 50 Medium Gravel

50 - 62 1/2 Large Gravel & Quartz

(3) TYPE OF WORK:

New Well Deepening

Reconstruction

Reconditioning

Horizontal Well

Destruction (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic

Irrigation

Industrial

Test Well

Stock

Municipal

Other

Approximately

12 GPM

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary Reverse

Cable Hammer

Other Bucket

(6) GRAVEL PACK:

Yes No Size _____

Diameter of bore _____

Packed from _____ to _____

(7) CASING INSTALLED:

Steel Plastic Concrete

From ft. To ft. Dia. in. Gage or Wall _____

0 62 1/2 6 250

(8) PERFORATIONS:

Type of perforation or size of screen _____

From ft. To ft. Slot size _____

44 62 1/2 _____

(9) WELL SEAL:

Was surface sanitary seal provided? Yes No If yes, to depth 20 ft.

Were joints sealed against pollution? Yes No Interval _____ ft.

Method of sealing Cement & Casing

Work started 11/14 19 79 Completed 11/14 19 79

(10) WATER LEVELS:

Depth of first water, if known _____ ft.

Standing level after well completion _____ ft.

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

SIGNED A. E. Rutta
(Well Driller)

(11) WELL TESTS:

Was well test made? Yes No If yes, by whom? _____

Type of test Pump Baller Air lift

Depth to water at start of test _____ ft. At end of test _____ ft.

Flow _____ gal/min after _____ hours Water temperature _____

Chemical analysis made? Yes No If yes, by whom? _____

Was electric log made? Yes No If yes, attach copy to this report

NAME B & T Drilling Co., Inc

(Person, firm, or corporation) (Typed or printed)

Address Rt 15

City Callahan, Calif Zip 96014

License No. 268012 Date of this report 12/23/79

DWR 188 (REV. 7-79) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

Well # 562

43N/10W-36

ORIGINAL
File with DWR

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

Do not fill in
No. 102562

Not Intent No.
Loc. No. or Date

State Well No. ~~CONFIDENTIAL 100~~
Other Well No. ~~Water Code Sec. 13753~~

(1) OWNER

Address
City

(2) LOCATION OF WELL (See instructions):

County Siskiyou Owner's Well Number

Well address if different from above

Township 43N Range 10W Section 36

Distance from cities, roads, railroads, fences, etc.

(12) WELL LOG: Total depth _____ ft. Depth of completed well _____ ft.
from ft. to ft. Formation (Describe by color, character, size or material)

Test Well

0 - 10 Top Soil & Clay

10 - 50 Red Clay

50 - 90 Shale

Trickle of Seepage water

0 - 10 Boulders & Cobbles

10 - 20 Cobbles

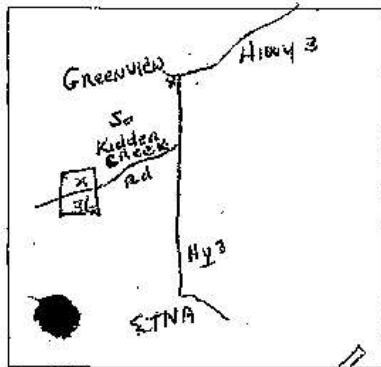
20 - 50 Gravel coarse

50 - 80 Large Gravel

80 - 90 Fine Sand

Completed Well Depth 74 Ft

Approximately 30 BPM



(3) TYPE OF WORK:

New Well Deepening

Reconstruction

Reconditioning

Horizontal Well

Destruction (Describe destruction materials and procedures in item 2)

(4) PROPOSED USE:

Domestic #2

Irrigation

Industrial

Test Well #1

Stock

Municipal

Other

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary Casing Hammer

Cable Air

Other Dredget

(6) GRAVEL PACK:

Yes No Size _____

Material of base _____

_____ ft.

(7) CASING INSTALLED:

Steel Plastic Concrete

From ft. To ft. Dia. in. Casing Wall

1 0 0 Test Well

2 0 74 .250 20

(8) PERFORATIONS:

Type of perforation or size of screen

(9) WELL SEAL:

Was surface sanitary seal provided? Yes No If yes, to depth 20 ft.

Were strata sealed against pollution? Yes No Interval _____ ft.

Method of sealing Casing & Cement

(10) WATER LEVELS:

Depth of first water, if known 50 ft.

Standing level after well completion _____ ft.

(11) WELL TESTS:

Was well test made? Yes No If yes, by whom? _____

Type of test Pump Bailor Air lift

Depth to water at start of test _____ ft. At end of test _____ ft.

Discharge _____ gal/min after _____ hours. Water temperature _____

Chemical analysis made? Yes No If yes, by whom? _____

Was log made? Yes No If yes, attach copy to this report

Work started 7/3 19 79 Completed 7/12 19 79

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

SIGNED: A. E. Burt

(Well Driller)

NAME B & J Drilling Co., Inc

(Person, firm, or corporation) (Typed or printed)

Address Rt 15

City Callahan, Calif Zip 96014

License No. 268012 Date of this report 7/23/79

DWR 188 (REV. 7-78)

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

ORIGINAL
File with DWR

STATE OF CALIFORNIA
WELL COMPLETION REPORT

DWR USE ONLY - DO NOT FILL IN
43N/10W-36
STATE WELL NO./STATION NO.
LATITUDE _____ LONGITUDE _____
APN/TRS/OTHER _____

Page _____ of _____
Owner's Well No. **No. 1087590**

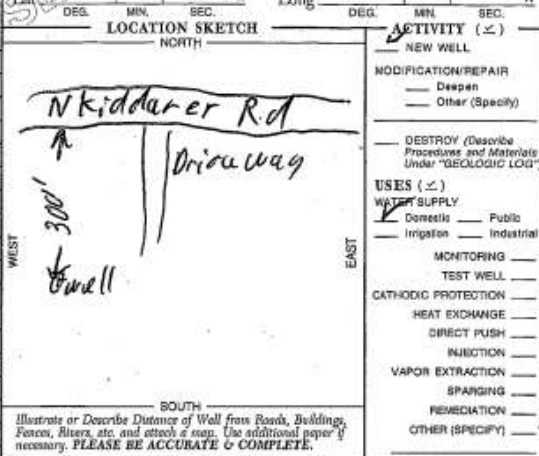
Date Work Began **7-5-06**, Ended **7-10-06**

Local Permit Agency **Siskiyou Health**
Permit No. **W06-040** Permit Date **5-8-06**

GEOLOGIC LOG

ORIENTATION (°)		VERTICAL	HORIZONTAL	ANGLE	(SPECIFY)
		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
DEPTH FROM SURFACE		DRILLING METHOD		FLUID	
		Rotary		air	
		DESCRIPTION			
Describe material, grain size, color, etc.					
0	2	Topsoil			
2	20	Sand and Gravel			
20	40	Layers of Clay			
40	60	Clay			
60	100	Gravel			

WELL OWNER _____
Address **N Kiddaner Rd**
City **Grain Processing**
County **Siskiyou**
APN Book **024** Page **430** Parcel **430**
Township **43N** Range **10W** Section **36**
Easting _____ North _____ Long _____ West _____



WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER **60** (Feet) BELOW SURFACE
DEPTH OF STATIC WATER LEVEL **40'** (Feet) & DATE MEASURED _____
ESTIMATED YIELD **15** (GPM) & TEST TYPE **air**
TEST LENGTH **2** (hrs.) TOTAL DRAWDOWN _____ (Feet)
* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING (S)				GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	ANNULAR MATERIAL TYPE			
FL	TO FL		TYPE (°)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	CEMENT (°)			BENTONITE (°)	FL. (°)	FILTER PACK (TYPE/SIZE)	
0	21	10	<input checked="" type="checkbox"/>	Steel	6	.250						
21	60	6	<input checked="" type="checkbox"/>	Steel	6	.250						
60	100	6	<input checked="" type="checkbox"/>	Steel	6	.250	1/8 X 3					

- 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: **McQuaid Well Drilling**
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
ADDRESS: **11945 Main St Fort Jones ca 96032**
CITY STATE ZIP
Signed: **Matthew McQuaid** DATE SIGNED: **7-17-06** C-57 LICENSE NUMBER: **822788**
C-57 LICENSED WATER WELL CONTRACTOR

Well # 803

ORIGINAL

File with DWR

Notion of intent No.

Local Permit No. or Date

Address
City

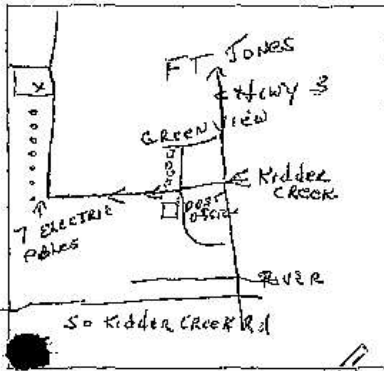
(2) LOCATION OF WELL (See instructions):

County Siskiyou Owner's Well Number

Well address if different from above

Township 43 N Range 10 W Section 36

Distance from cities, roads, railroads, fences, etc.



WELL LOCATION SKETCH

(3) TYPE OF WORK:

- New Well Deepening
- Reconstruction
- Reconditioning
- Horizontal Well
- Disturbance (Describe disturbance materials and procedures in item 12)

(4) PROPOSED USE:

- Domestic
- Irrigation
- Industrial
- Test Well
- Stock
- Municipal
- Other

(5) EQUIPMENT:

- Rotary Reverse
- Cable Air
- Other Bucket

(6) GRAVEL PACK:

- Yes No Size
- Diameter of hole
- Applied from

(7) CASING INSTALLED:

- Steel Plastic Cast-iron

(8) PERFORATIONS:

Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Cap or Wall	From ft.	To ft.	Size
0	20	6 3/4		20	36	
0	36	6 3/4				

(9) WELL SEAL:

- Was surface annular seal provided? Yes No If yes, to depth 20 ft.
- Were struts sealed against pollution? Yes No Interval ft.
- Method of sealing

(10) WATER LEVELS:

Depth of first water, if known ft.

Standing level after well completion ft.

(11) WELL TESTS:

- Was well test made? Yes No If yes, by whom?
- Type of test Pump Bailor Air lift
- Depth to water at start of test ft. At end of test ft.
- Discharge gal/min after hours. Water temperature
- Chemical analysis made? Yes No If yes, by whom?
- Electron log made? Yes No If yes, attach copy to this report

(12) WELL LOG: Total depth 36 ft. (Depth of completed well ft.)
from ft. to ft. Formation (Describe by color, character, size or texture)

0 - 36
Dirt + Cobble
10 GPM

43 N - 10 W - 36
Do not fill in
Code Sec. 13752
No. 14803

State Well No.

Other Well No.

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

NOTED FOR PUBLIC USE
WATER CODE SEC. 13752

Work started 10 Completed 11-8 1976

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

SIGNED A.E. Butts
(Well Driller)
NAME B+J DRILLING Co. Inc.
(Person, firm, or corporation) (Typed or printed)
Address RL RT 13
City CALLAHAN CA Zip 96014
License No. 268012 Date of this report 11-23-76

DWR 188 (REV. 7/76)

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

43476.000 7-76 000 00/00 000 000

CONFIDENTIAL LOG
Water Code Sec. 13752

Well # 973

43N 10W 36E

ORIGINAL
File with DWR

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

Do not fill in
No. 078973

Not a permit No. _____
Local Permit No. or Date _____

State Well No. _____
Other Well No. _____

(2) LOCATION OF WELL (See instructions):

County Siskiyou Owner's Well Number _____
Well address if different from above _____
Township 43N Range 10 W Section 36
Distance from cities, roads, railroads, fences, etc. _____

(12) WELL LOG: Total depth 60 ft. Depth of completed well 51 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

0-51 Cobbles & Clays

51-61 Heavy Clays ✓

Completed well 51 ft

Parcel 4
Off Kidder Creek Rd
3 Miles out from
Greenview

(3) TYPE OF WORK:

- New Well Deepening
 - Reconstruction
 - Reconditioning
 - Horizontal Well
 - Destruction (Describe destruction materials and procedures in Item 12)
- (4) PROPOSED USE:
- Domestic
 - Irrigation
 - Industrial
 - Test Well
 - Stock
 - Municipal
 - Other

Approximately

10 to 12 GPM

44' Rig Log

WELL LOCATION SKETCH

(5) EQUIPMENT:

Rotary Reverse
Cable 1.1 Air
Other Bucket

(6) GRAVEL PACK:

Yes No Size _____
Diameter of bore _____
Fledged Stone _____

(7) CASING INSTALLED:

Steel Plastic Concrete

(8) PERFORATIONS:

Type of perforation or size of screen _____

From ft.	To ft.	Dia. in.	Casing or Wall	From ft.	To ft.	Slot size
0	51	8	.250	41	51	

(9) WELL SEAL:

Was surface sanitary seal provided? Yes No If yes, to depth _____ ft.
Were struts sealed against pollution? Yes No Interval _____ ft.
Method of sealing Cement & Casing

Work started 11/1 19 83 Completed 11/11 19 83

(10) WATER LEVELS:

Depth of first water, if known _____ ft.
Standing level after well completion _____ ft.

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

(11) WELL TESTS:

Was well test made? Yes No If yes, by whom? _____
Type of test Pump Bailor Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Disch. _____ gal/min after _____ hours Water temperature _____
Chem. analysis made? Yes No If yes, by whom? _____
Was electric log made? Yes No If yes, attach copy to this report

SIGNED A. E. Burt 804
(Well Driller)
NAME B & J Drilling Co., Inc
(Person, firm, or corporation) (Typed or printed)
Address 9000 E. Callahan Rd
City Callahan, Calif Zip 96014
License No. 268012 Date of this report 11/14/83

DWR 188 (REV. 7-76) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

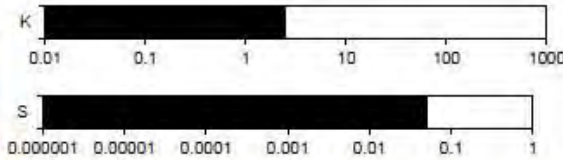
Appendix B
Aquifer Characteristic Data Sheets

Camp Well (well# 001) Drawdown Calculation Using Equation Methodology

Drawdown Prediction for Confined Aquifers, Theis(1935)

Input Data for prediction of drawdown

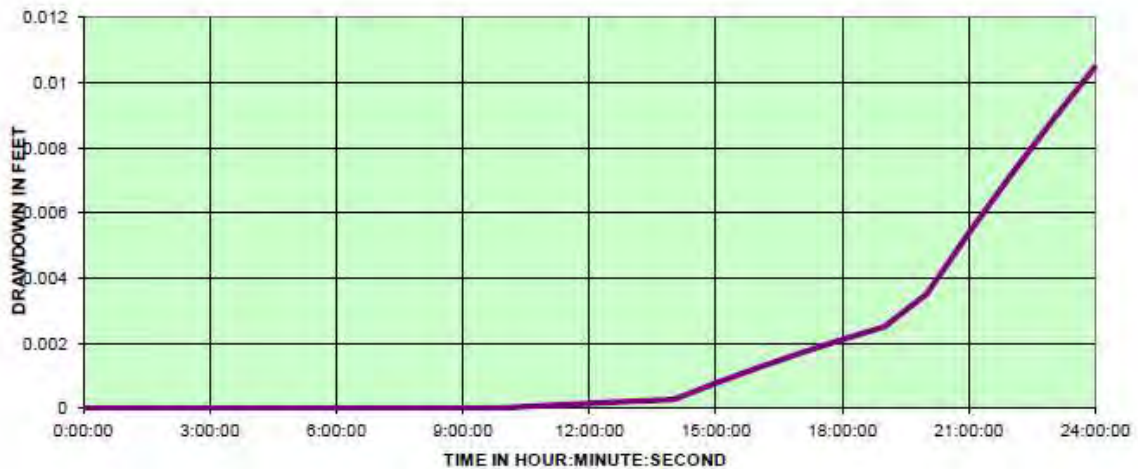
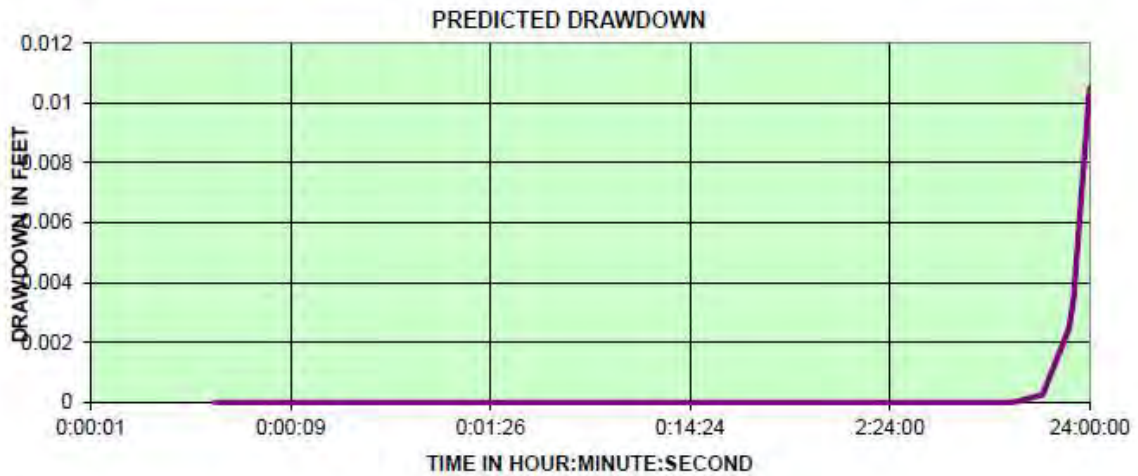
Hydraulic conductivity, K, ft/day	2.5
Aquifer Thickness, b, ft	48
Storage Coefficient, S	0.05
Pumping Rate, GPM	21
Distance from well, ft	200



Equation used in prediction

$$s = \frac{Q(W(u))}{4\pi T} u$$

s is drawdown, W(u) is the

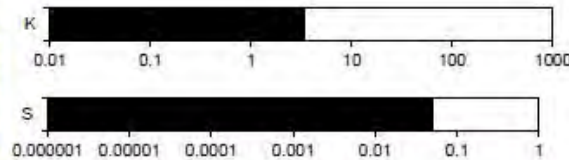


Camp Well (well# 001) Drawdown Calculation Using Graphical Methodology

Drawdown Prediction for Confined Aquifers, Theis(1935)

Input Data for prediction of drawdown

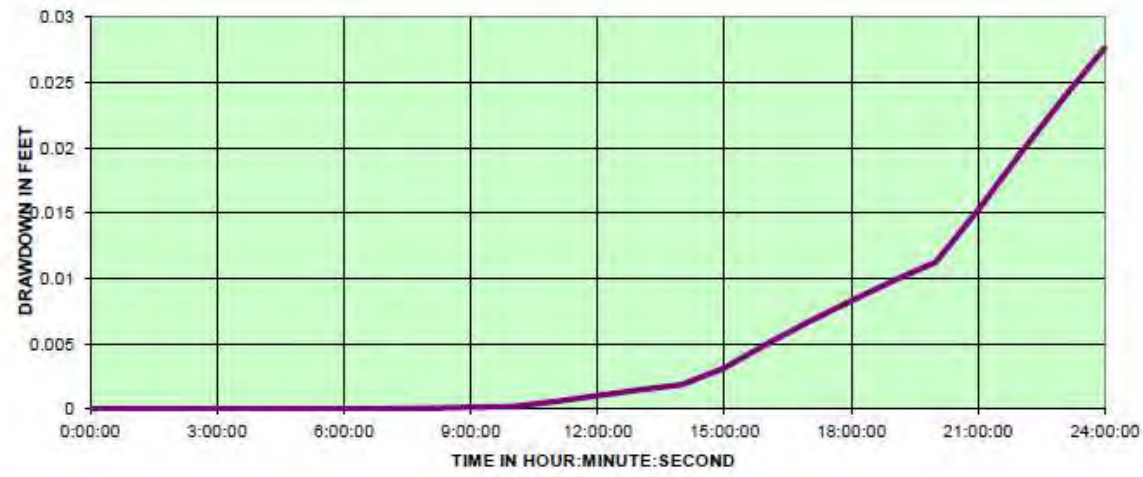
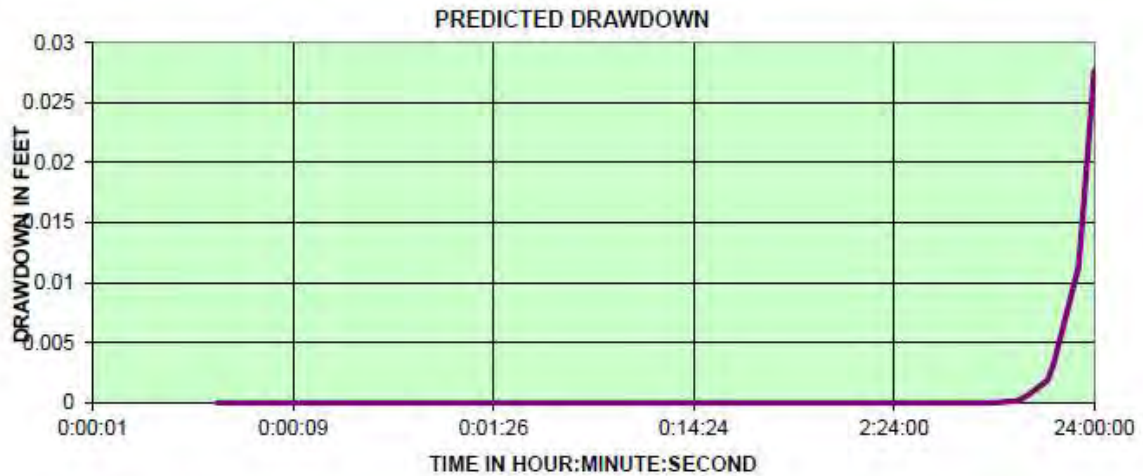
Hydraulic conductivity, K, ft/day	3.4
Aquifer Thickness, b, ft	48
Storage Coefficient, S	0.05
Pumping Rate, GPM	21
Distance from well, ft	200



Equation used in prediction

$$s = \frac{Q(W(u))}{4\pi T} u_i$$

s is drawdown, W(u) is the

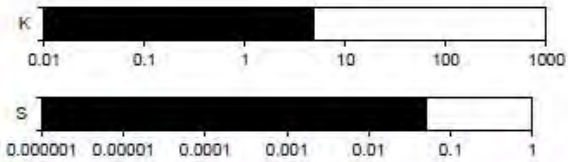


Well #002 Drawdown Calculation Using Equation Methodology

Drawdown Prediction for Confined Aquifers, Theis(1935)

Input Data for prediction of drawdown

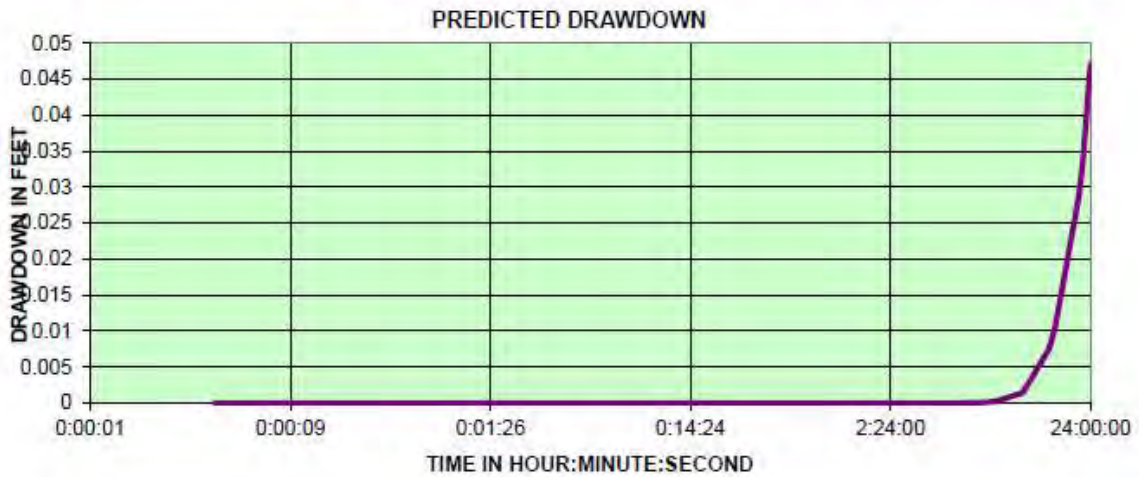
Hydraulic conductivity, K, ft/day	4.8
Aquifer Thickness, b, ft	25
Storage Coefficient, S	0.05
Pumping Rate, GPM	11
Distance from well, ft	150



Equation used in prediction

$$s = \frac{Q(W(u))}{4\pi T} u$$

s is drawdown, W(u) is the well function

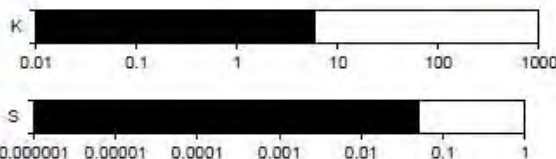


Well #002 Drawdown Calculation Using Graphical Methodology

Drawdown Prediction for Confined Aquifers, Theis(1935)

Input Data for prediction of drawdown

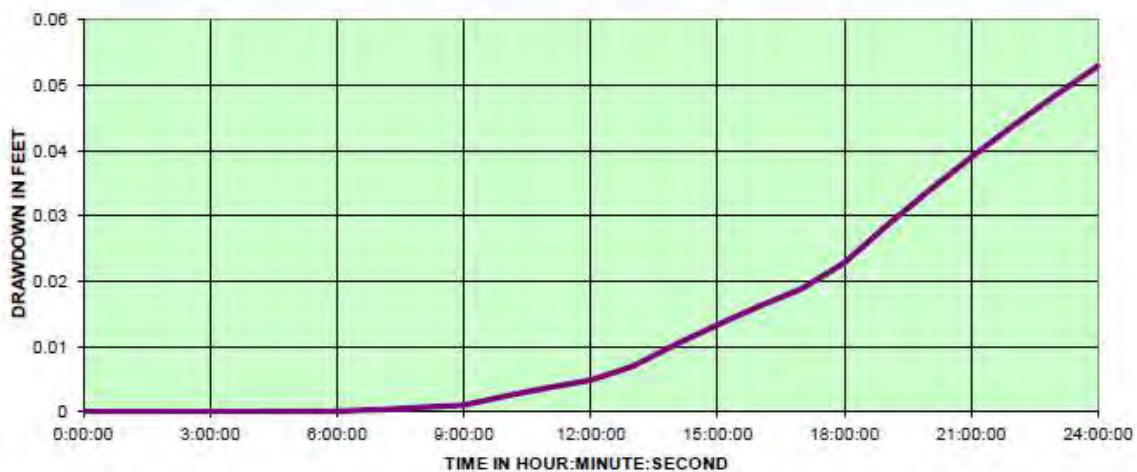
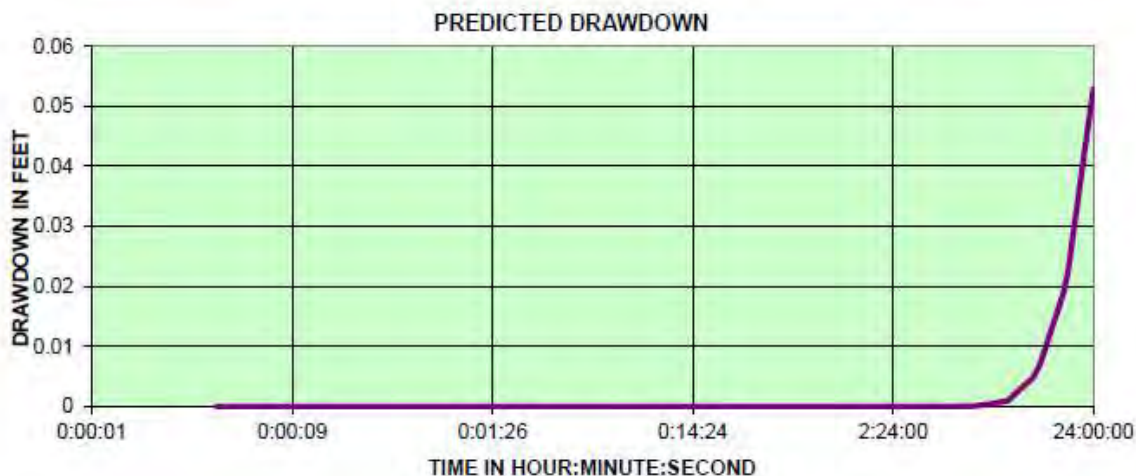
Hydraulic conductivity, K, ft/day	5.9
Aquifer Thickness, b, ft	25
Storage Coefficient, S	0.05
Pumping Rate, GPM	9
Distance from well, ft	150



Equation used in prediction

$$s = \frac{Q(W(u))}{4\pi T} \quad u = \frac{r^2 S}{4Tt}$$

s is drawdown, W(u) is the well function

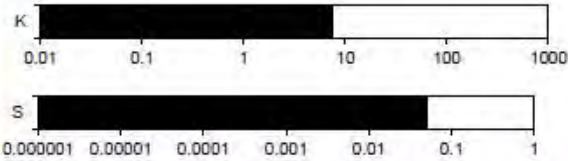


Well # 823 Well Drawdown Calculation Using Equation Methodology

Drawdown Prediction for Confined Aquifers, Theis(1935)

Input Data for prediction of drawdown

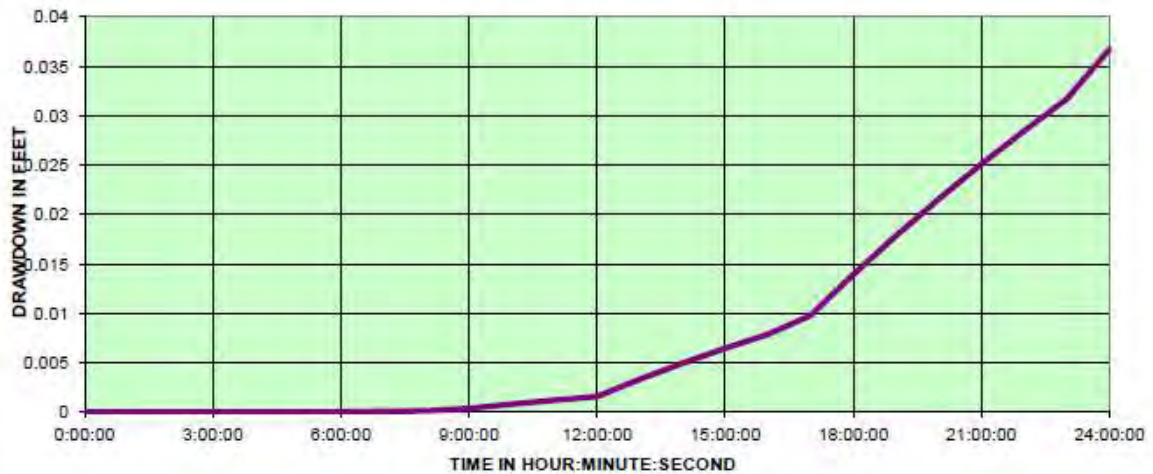
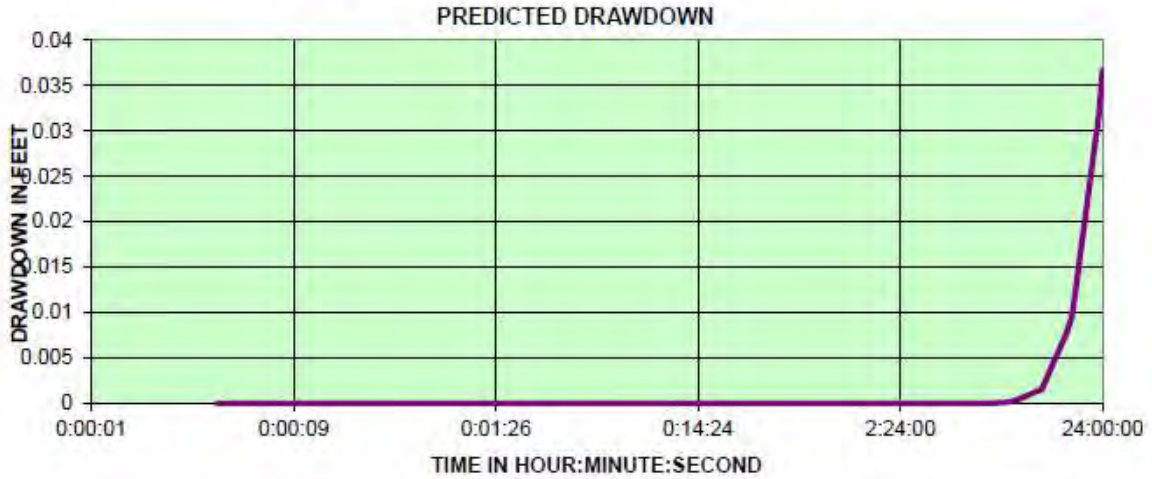
Hydraulic conductivity, K, ft/day	7.5
Aquifer Thickness, b, ft	80
Storage Coefficient, S	0.05
Pumping Rate, GPM	60
Distance from well, ft	350



Equation used in prediction

$$s = \frac{Q(W(u))}{4\pi T} u$$

s is drawdown, W(u) is the well function

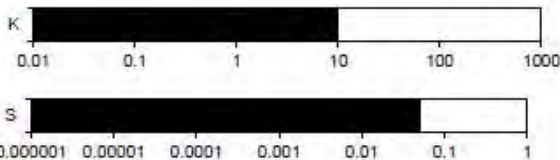


Well # 823 Well Drawdown Calculation Using Graphical Methodology

Drawdown Prediction for Confined Aquifers, Theis(1935)

Input Data for prediction of drawdown

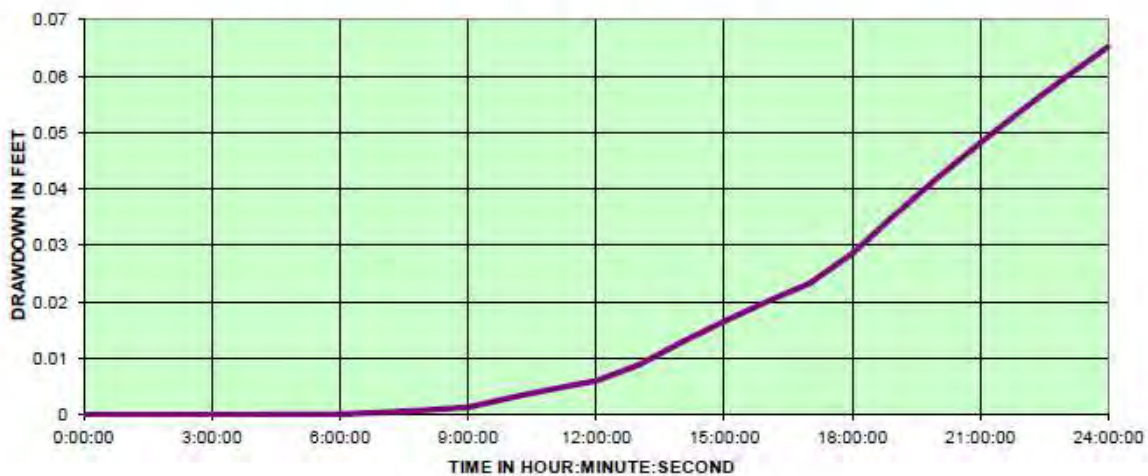
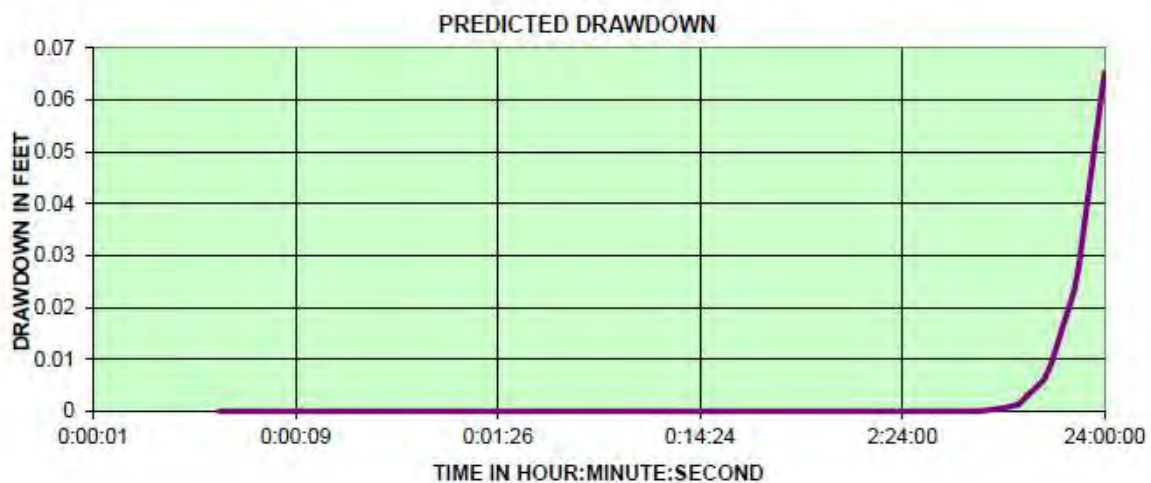
Hydraulic conductivity, K, ft/day	10.1
Aquifer Thickness, b, ft	80
Storage Coefficient, S	0.05
Pumping Rate, GPM	60
Distance from well, ft	350



Equation used in prediction

$$s = \frac{Q(W(u))}{4\pi T} \quad u = \frac{r^2 S}{4bt}$$

s is drawdown, W(u) is the



Appendix C
Siskiyou County's Request for Proposal

Request for Proposal

NOTICE TO CONSULTANTS REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES FOR SUPPLEMENTAL GROUNDWATER AND SURFACE WATER ANALYSIS

LEAD AGENCY: County of Siskiyou

806 South Main Street

Yreka, CA 96097

PROJECT TITLE: Kidder Creek Orchard Camp Zone Change (Z-14-01) and Use Permit (UP-11-15)

CONTACT INFORMATION: Planning Department, County of Siskiyou

806 South Main Street

Yreka, CA 96097

530-841-2100

planning@co.siskiyou.ca.us

ENVIRONMENTAL DOCUMENT: The Draft Environmental Impact Report (DEIR) and supporting information are available at:

<https://www.co.siskiyou.ca.us/community-development/page/kidder-creek-orchard-camp>.

PROJECT DESCRIPTION:

The County of Siskiyou (County) is seeking proposals from professional hydrogeologists and geologists to perform a supplemental analysis regarding potential impacts of the proposed Project on potential interconnected surface water and groundwater resources.

The Project site is located on 580 acres at the west end of South Kidder Creek Road, approximately 2 miles west of State Hwy 3, south of the community of Greenview in the Scott Valley, (Assessor Parcel Numbers (APNs) 025-370- 040 and 380; 024-440-140, 150, 310, 320 and 330; 024-450- 390, 400 and 590).

The proposed Project includes a request to expand the use of the site and requires a new Use Permit (UP-11-15). The Project also includes a request for a zone change (Z-14-01) to rezone approximately 170 acres from Timberland Production District (TPZ) to Rural Residential Agricultural, 40-acre minimum parcel size (R-R-B-40). The expanded use permit would allow an increase of allowable occupancy at the camp from 310 to a total occupancy of 844 (guests, staff, and volunteers), an increase in the physical size of the camp from 333 acres to 580 acres, and the addition of a number of structures and recreation features, including a second pond and ancillary facilities. The proposed Project would include construction of at least one new well to serve increased water demands. (See DEIR, p. 3.3-10 to 3.3-12.)

SCOPE OF WORK:

The proposer will review the relevant portions of the DEIR and documents referenced in the DEIR, and will conduct a literature search of all publically available information regarding the geology and hydrogeology of the site and relevant data needed to fulfill the scope of work. While the consultant will conduct a site visit, no field work or data collection is expected.

After assembling and reviewing the relevant available documents, information and data, the consultant will prepare a technical memorandum that analyzes potential Project impacts from the anticipated increased groundwater pumping on three resource categories:

- 1) The seasonal pools in Kidder Creek located between the Barker Ditch diversion and a point approximately 3,500 feet downstream of this diversion;
- 2) Nearby domestic wells,
- 3) The net impact of Scott River flows downstream of the project

Additionally, the consultant will make a determination based upon the data regarding the status of the connectivity between the water proposed to be pumped by the project and the water in nearby Kidder Creek and/or surround surface water features (e.g. un-connected groundwater; groundwater under the influence of surface water; surface water; etc.).

SUBMITTAL REQUIREMENTS:

- Document texts in MS Word format.
- Technical appendices, model output, maps, etc. in .pdf. format
- ADA compliant preferred