03N/17E-31COIM DUPLICATE STATE OF CALIFORNIA DWR USE ONLY -Page of 31-010-02

Owner's Well No. 31-010-02

Date Work Began 2-3-98, Ended 22-98. 535442

Local Permit Agency Tool Um Ne County Health Dept.

Permit No. Permit Det Tool County Health Dept. WELL COMPLETION REPORT LATITUDE LONGITUDE Name LOO F. ODD FELLOWNER SIERRA CAMP.
Mailing Address P.O. BOX 116
LONG BARN CALIF 95335 GEOLOGIC LOG ORIENTATION (∠) _ __ VERTICAL ____ HORIZONTAL ____ ANGLE ____ (SPECIFY) DEPTH TO FIRST WATER _____(Ft.) BELOW SURFACE DEPTH FROM SURFACE DESCRIPTION Address LONG BARN to Ft. Describe material, grain size, color, etc. City LONG BARN CAL. + County- toolumne APN Book _____ Page ____ Parcel 3/-0/0-02 Township Range Section Latitude DEG. MIN. SEC. Longitude DEG. MIN. SEC. - LOCATION SKETCH -- ACTIVITY (土) __ NEW WELL MODIFICATION/REPAIR Procedures and Material Under "GEOLOGIC LOG" PLANNED USE(S) (∠) MONITORING WATER SUPPLY ... Public Irrigation __ Industrial "TEST WELL" CATHODIC PROTEC Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc.
PLEASE BE ACCURATE & COMPLETE. OTHER (Specify) - WATER LEVEL & YIELD OF COMPLETED WELL -DEPTH OF STATIC WATER LEVEL -__ (Ft.) & DATE MEASURED _ ESTIMATED YIELD *___ __ (GPM) & TEST TYPE __ TOTAL DEPTH OF BORING _____ (Feet) TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN ___ TOTAL DEPTH OF COMPLETED WELL _ * May not be representative of a well's long-term yield. . (Feet) ANNULAR MATERIAL CASING(S) DEPTH DEPTH BORE FROM SURFACE FROM SURFACE TYPE (上) TYPE HOLE INTERNAL SLOT SIZE HAUGE DIA. MATERIAL/ OF WALL DIAMETER IF ANY FILTER PACK (Inches) MENT TONITE FILL to (Inches) (TYPE/SIZE) (Inches) (4) (4) (\angle) Vestruction Pea Gracel CERTIFICATION STATEMENT -· ATTACHMENTS (∠) -I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief. I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief NAME CANCIA AND SONS INC.

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

ADDRESS

Signed AOSCI CITY STATE ZIP

T-3-98 425749

MELL DRILLER/AUTHORIZED REPRESENTATIVE DATE SIGNED C-57 LICENSE NUMBER ... Geologic Log Well Construction Diagram Geophysical Log(s) Soil/Water Chemical Analyses Other ATTACH ADDITIONAL INFORMATION. IF IT EXISTS.

DWR 189 REV. 7-90