A STATE OF THE STA			M	201	eelDDI F	DEPART	ENT OF	: EARM		ء سند ه •
COUNTYWELLE	N/N		55U-	33	SSIPPIL	JEFAN I	HENI OF	EMAII		ENTA ALIT
WIL NUMBER						Office o	of Land a	nd Wat	ter Res	onice
1	***	NAME OF	DRILLING FIRM		- 0	1		P	O. Box	1069
DATE WELL COM	PATEWELL COMPLETED PLUCE W				<u>er</u>	1	Jacks		39289	
06-22-02					WATER WELL DRILLE					SLO
NAME & MAILING	ADDRESS OF L'AN	DOWNER		1	<u> </u>	,	UMP DA	ΤΛ		
Phys Ochor 40										
Dia brine Br.					Submersi	PE (Circle	One): urbine.	lat.	Elai-	- 144-41
Old poliverse,				İ '	Other (De		Brome,	Jet	Flowin	A MAGII
Howard 11)						YPE (Circle				
Latitude: Longitude:	U			•	Other (De	Tractor,	Diesel,	Gasol	line.	utane.
WELL LOCATION	SEC	TOWNSHIP						H/P		
WELL EUCATION	. SEC		RANGE E		DESCRIPTIO	NOF FORMA	()	INTERED	7	TO
	<u> \Q</u>	<u> </u>	<u>s_ </u>	\mathcal{I}	Coau	sou	<u> </u>		10	2
DISTANCE	DIRECTIO	Й	NEAREST TOWN		Chay				10	25
3_	Miles	of	ther len	1	Gott	ے بی	Sano		25	60
OTHER LANDMAR	₹K		a						 	
WELL BURBOOK	Tana Diamban M.		ustrial, Fish Pond, etc.						i	
WELLFORFORE	- Igrigation, Mil	ancibal, moi	usiner, ran Pong, etc.							
	WELL D	ATA								L
Well Depth	Casing Diameter	in.)	Casing Length (FL)							
60'	#"		40	-						
Type of Casing	Hole Depth	Depth to !	Static Water Level	ŀ		= = =		-	.	Ĺ
Hastic	60'		20°	ŀ	i	0) 5/C	' 3 '	#15 1	 10 	
	PLETION: (Circ		More):	ł		715 8		4 (S)	 	
Gravel Packed, Natural Develo		amed, Open Hoi	Telescoped, e. Other	ł	 -	}			9	
(Describe)				ł		JU	N 2 5 2	למת		
WELL GROUT	TO A DER	TUOS	15 FEET	ıt				.005		
Type Grout (ci										
.,,,				İ		Dept of E	nvironme	ntal Qu	ality	
	SCREEN			ı		Office of La	ind & Wale	er Reso	urces	
Diameter - Inches	Length - Feet		NO Size - Inches	ţ			*			
Screen Type	<u></u>		to Bottom - Feet	j	Top of Lac	Pipe or Re	duction in C	`aeina		
Plastic 601							IF TELESC		MODE THA	
				ŀ		FEET	ONE SCRE			
I costific that	the real res	ماناندا	- constructed a		oomolete				1.	
Demisson	te of the Min	eiceinn: > CHIHCU	l, constructed a Department of	t E	nviron	ment Acco	idance W	im all	appuca	DIG
Denartment	of Health re-	anjativa arasrbbr	is and state law	i Li K	TAITOINIIG	men Ansı	nry and/o	i die M	ussissi	pı
Department	or treatm 10	5 WHEN CH	m mid state law	3.						
	10	, ,								
Muche	ul (Y10.	ree	1-296				010-	-22	-03	Υ_
Signature of	Licensed Dr	iller an	d License No.]	Date		-

Additional Information Required On Back

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if well telescopes please					
sketch and show depths.					
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GROUND LEVEL			7		
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	Ples			eli location	Y
į į	Pump Capacity				
	3 C)	6	4	Q' _{FT}
	PUMP TEST		<u>'</u> _		
	Well yield	led	E	80	GPM with
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4	a drawdo	wn or '			T
	after			_ hours o	f pumpin
		LO	G DAT	Α	
!	TYPE OF LO	G RUN	(Circle O	ne): Soni	No Log Rui
ļ	Other (Desc				C, 110000C
	Name of Organ	ezation Ru	uund Föd		
į į					
]	GEOL Surface Elev.			(Office Use	
		ļ	gle Unit	Unit Thickness	Depth to Top
	Subs. SWL	Date		Analysis	Aquiler Test
	Driller's Remark	ts.			
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14 mars than 200 2000					
If more than one screen, show location of each on sketch.					