

## Well Completion Report

Page 1 of 2

Owner's Well Number Well #1No. e0359450Date Work Began 10/02/2017Date Work Ended 10/5/2017Local Permit Agency Sonoma County PRMDPermit Number WEL17-0296Permit Date 9/11/17

DWR Use Only - Do Not Fill In

State Well Number/Site Number

Latitude

Longitude

APN/TRS/Other

## Geologic Log

Orientation ☒ Vertical ☐ Horizontal ☐ Angle Specify \_\_\_\_\_Drilling Method Direct Rotary

Drilling Fluid \_\_\_\_\_

## Depth from Surface

## Description

Feet to Feet

Describe material, grain size, color, etc

0	80	Claystone
80	140	Shale
140	162	Serpentine fractured
162	220	Serpentine rock
220	260	Shale

## Well Owner

Name Rosemary MorrisonMailing Address 5157 Stony Point RoadCity Santa Rosa State Ca Zip 95407

## Well Location

Address 3950 I Street Ext.City Petaluma County SonomaLatitude 38 12 1 N Longitude 122 37 25 W  
Deg. Min. Sec. Deg. Min. Sec.

Datum \_\_\_\_\_ Decimal Lat. \_\_\_\_\_ Decimal Long. \_\_\_\_\_

APN Book 019 Page 260 Parcel 009Township 4N Range 7W Section 10

## Location Sketch

(Sketch must be drawn by hand after form is printed.)

North



South

Illustrate or describe distance of well from roads, buildings, fences, rivers, etc. and attach a map. Use additional paper if necessary. Please be accurate and complete.

## Activity

- ☒ New Well  
☐ Modification/Repair  
☐ Deepen  
☐ Other \_\_\_\_\_  
☐ Destroy

Describe procedures and materials under "GEOLOGIC LOG"

## Planned Uses

- ☒ Water Supply  
☒ Domestic ☐ Public  
☐ Irrigation ☐ Industrial  
☐ Cathodic Protection  
☐ Dewatering  
☐ Heat Exchange  
☐ Injection  
☐ Monitoring  
☐ Remediation  
☐ Sparging  
☐ Test Well  
☐ Vapor Extraction  
☐ Other \_\_\_\_\_

## Water Level and Yield of Completed Well

Depth to first water 150 (Feet below surface)

Depth to Static \_\_\_\_\_

Water Level 94 (Feet) Date Measured 10/20/2017Estimated Yield \* 10 (GPM) Test Type Constant RateTest Length 8.0 (Hours) Total Drawdown 3 (Feet)

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

## Casings

Depth from Surface Feet to Feet	Borehole Diameter (Inches)	Type	Material	Wall Thickness (Inches)	Outside Diameter (Inches)	Screen Type	Slot Size if Any (Inches)
0	20	11					
20	260	8					
0	153		Blank	PVC Sch. 40	SDR21	5	
153	173		Screen	PVC Sch. 40	SDR21	5	Milled Slots 0.032
173	193		Blank	PVC Sch. 40	SDR21	5	
193	213		Screen	PVC Sch. 40	SDR21	5	Milled Slots 0.032

## Annular Material

Depth from Surface Feet to Feet	Fill	Description
0	22	Cement
22	253	Filter Pack 1/8x1/4 Gravel

## Attachments

- ☐ Geologic Log  
☐ Well Construction Diagram  
☐ Geophysical Log(s)  
☐ Soil/Water Chemical Analyses  
☒ Other Site Map

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 Weeks Drilling & Pump Company

Person, Firm or Corporation

P.O. Box 176City Sebastopol

CA

Zip 95473

Signed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

C-57 Licensed Water Well Contractor

Date Signed 12/15/17

177681

C-57 License Number

No. e0359450

Permit Number WEL17-0296 Permit Date 9/11/17

<b>DWR Use Only – Do Not Fill In</b>													
<b>State Well Number/Site Number</b>													
										N			W
<b>Latitude</b>					<b>Longitude</b>								
<b>APN/TRS/Other</b>													

## Well Owner

City Santa Rosa State Ca Zip 95407

Latitude 38 12 1 N Longitude 122 37 25 W  
 Deg. Min. Sec. Deg. Min. Sec.

Township 4N Range 7W Section 10

## North

West

三

☒ New Well  
☐ Modification/Repair  
     ☐ Deepen  
     ☐ Other \_\_\_\_\_  
☐ Destroy  
     Describe procedures and materials used: "GEOLOGIC LOG"

☒ Water Supply  
☒ Domestic ☐ Public  
☐ Irrigation ☐ Industrial

☐ Cathodic Protection  
☐ Dewatering  
☐ Heat Exchange  
☐ Injection  
☐ Monitoring  
☐ Remediation  
☐ Sparging  
☐ Test Well  
☐ Vapor Extraction  
☐ Other

illustrate or describe distance of well from roads, buildings, fences, rivers, etc. and attach a map. Use additional paper if necessary. Please be accurate and complete.

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

### Annular Material

[illegible]

Annular Material			
Depth from Surface Feet to Feet		Fill	Description
0	22	Cement	
22	253	Filter Pack	1/8x1/4 Gravel

### Certification Statement

- Signed

C-57 Licensed Water Well Contractor

12/15/17

Date Signed \_\_\_\_\_ C-57 License Number \_\_\_\_\_

### Well Pump Test Data Recordation

**Address: 3950 I Street Extension, Petaluma CA 94952**

Date	Time	Interval	SWL	GPM	Comments		
10/20/2017	11:56 am	1 Min	94'	20			
	11:57 am	1 Min	97'	10			
	11:58 am	1 Min	97'	10			
	11:59 am	1 Min	97'	10			
	12:00 pm	1 Min	97'	10			
	12:05 pm	5 Mins	97'	10			
	12:10 pm	5 Mins	97'	10			
	12:15 pm	5 Mins	97'	10			
	12:20 pm	5 Mins	97'	10			
	12:25 pm	5 Mins	97'	10			
	12:30 pm	5 Mins	97'	10			
	12:35 pm	5 Mins	97'	10			
	12:40 pm	5 Mins	97'	10			
	12:45 pm	5 Mins	97'	10			
	12:50 pm	5 Mins	97'	10			
	12:55 pm	5 Mins	97'	10			
	1:00 pm	5 Mins	97'	10			
	1:20 pm	20 Mins	97'	10			
	1:40 pm	20 Mins	97'	10			
	2:00 pm	20 Mins	97'	10			
	2:30 pm	30 Mins	97'	10			
	3:00 pm	30 Mins	97'	10			
	3:30 pm	30 Mins	97'	10			
	4:00 pm	30 Mins	97'	10			
	4:30 pm	30 Mins	97'	10			
	5:00 pm	30 Mins	97'	10			
	5:30 pm	30 Mins	97'	10			
	6:00 pm	30 Mins	97'	10			
	6:30 pm	30 Mins	97'	10			
	7:00 pm	30 Mins	97'	10			
	7:30 pm	30 Mins	97'	10			
	8:00 pm	30 Mins	97'	10			
		30 Mins					
		30 Mins					
		30 Mins					
		30 Mins					
		30 Mins					
		30 Mins					
		30 Mins					
		30 Mins					
10/23/17	11:00 am		94'	Recovery: 100%			
		72 Hrs. or					

## Calculation of Well Recovery

(Worksheet example taken from PRMD No. 9-2-28)

1. Determine the water level draw down by subtracting the initial static water level measurement from the stabilized pumping level. Record this result as the well draw down.
2. Next determine the water level recovery by subtracting the post test (within 72 hours) static water level from the stabilized dynamic pumping level. Record this result as the well recovery.
3. Next determine the percent recovery of the well. Divide the water level recovery by the water level draw down and multiply by 100. Record this result as the percent well recovery.

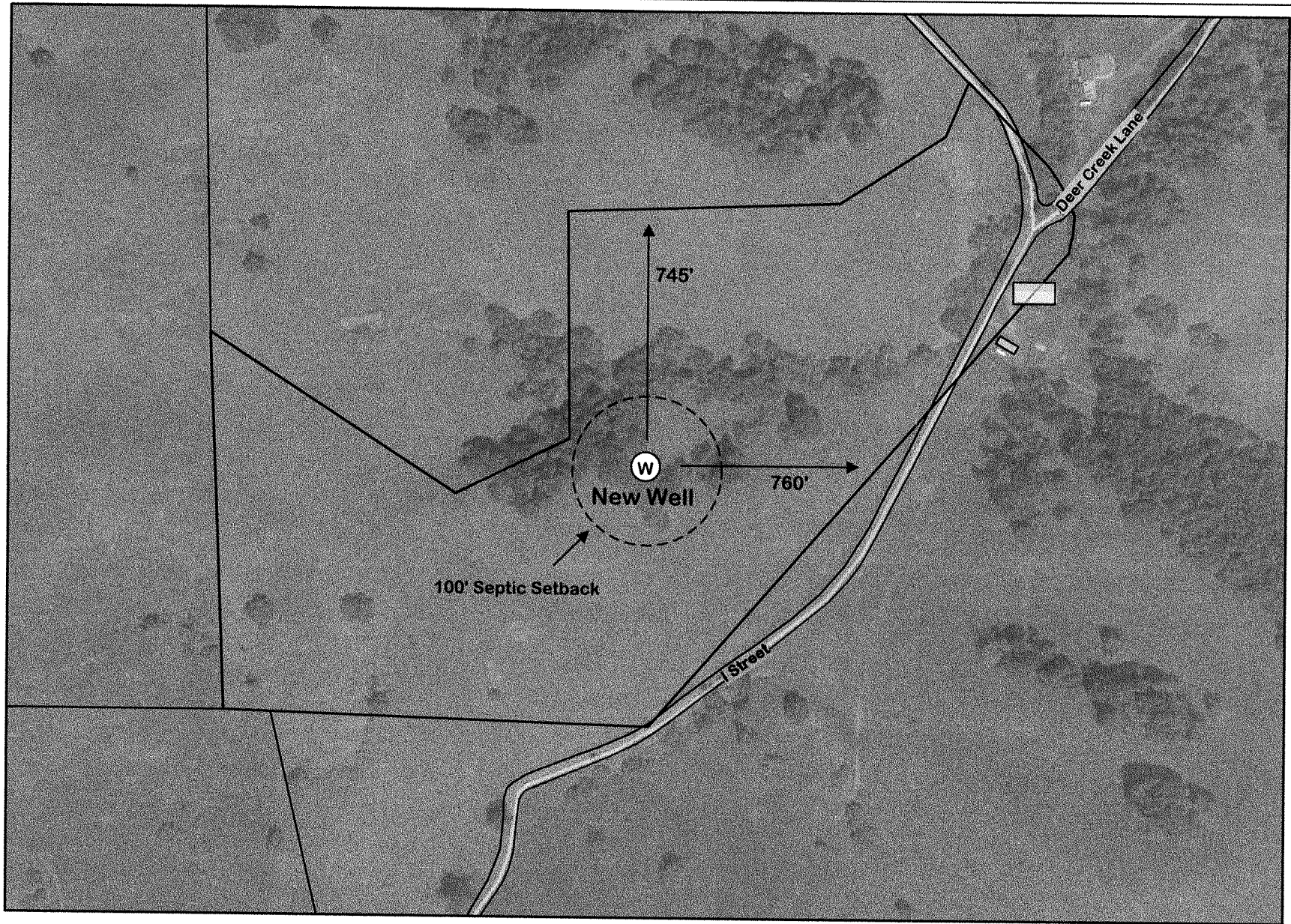
Example:

- |      |                                |                           |   |
|------|--------------------------------|---------------------------|---|
| a.   | Initial static water level:    | <u>94'</u>                | (measured value)  |
| b.   | *Post test static water level: | <u>94'</u>                | (measured value)  |
| b.1. | Time (hours) of measurement:   | <u>8 hours, 4 minutes</u> | (within 72 hours)   |
| c.   | **Stabilized pumping level:    | <u>97'</u>                | (measured value)  |
| d.   | Draw down:                     | <u>3'</u>                 | (calculate by subtracting A from C)                             |
| e.   | Recovery:                      | <u>3'</u>                 | (calculate by subtracting B from C)                             |
| f.   | Percent recovery:              | <u>100%</u>               | (calculate by dividing E by D and<br>multiplying result by 100) |

Well percent recovery (F) must be 90% or greater within a 72 hour period.

\* The static water level after 72 hours or less post pump test.

\*\* Kleinfelder refers to this as the dynamic pumping level.



GPS:

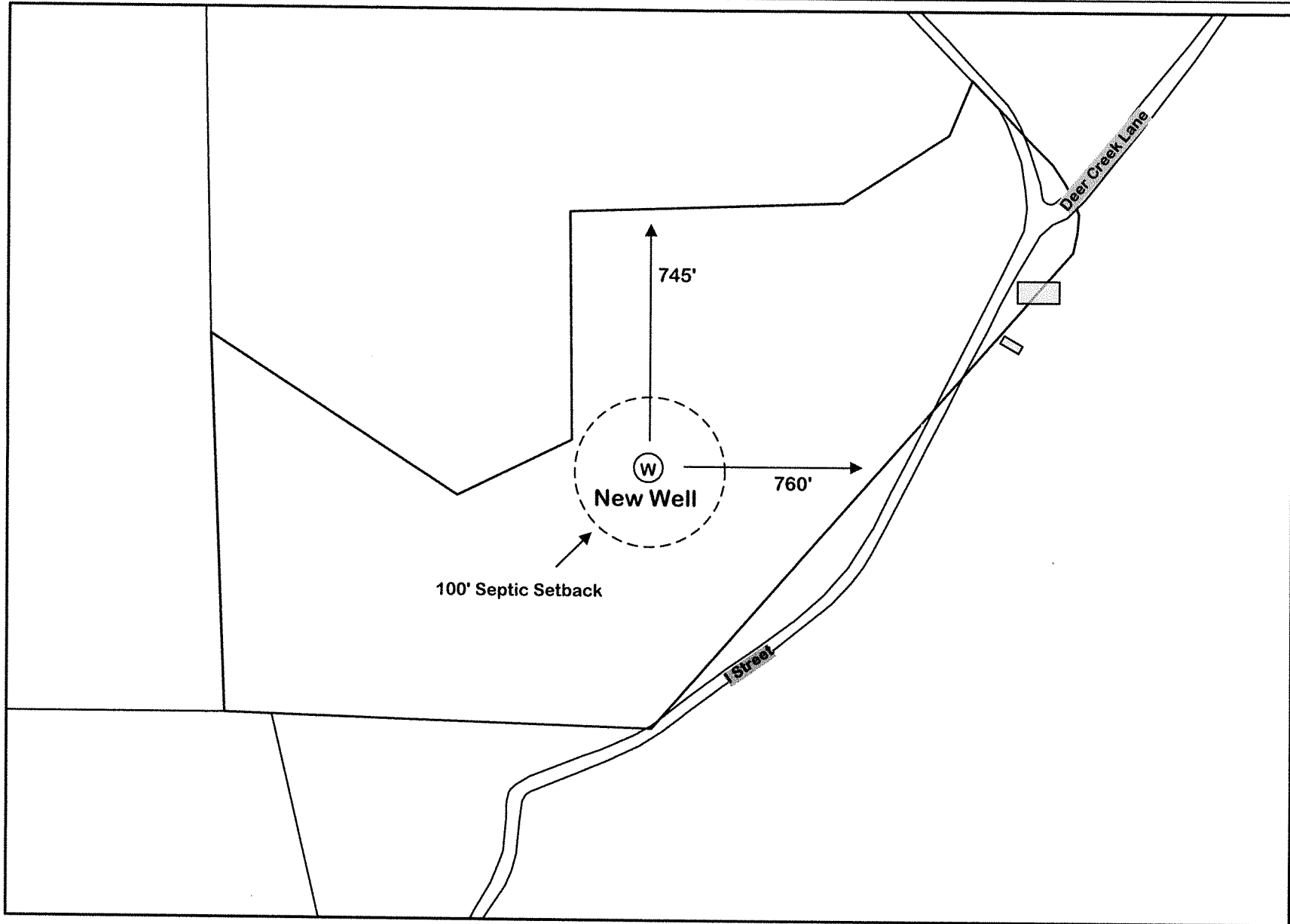
38°12'0.56"N  
122°37'25.00"W

APN #019-260-009



TITLE Morrison Property I Street Extension	DESCRIPTION New Residential Well
	PAGE 1 of 1
DATE August 2, 2017	





GPS:

38°12'0.56"N  
122°37'25.00"W

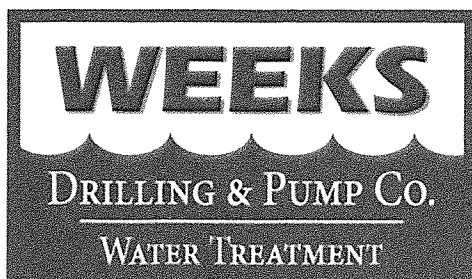
APN #019-260-009



TITLE Morrison Property I Street Extension	DESCRIPTION New Residential Well
	PAGE 1 of 1
DATE August 2, 2017	







6100 HWY 12 / P. BOX 176  
SEBASTOPOL, CALIFORNIA 95473  
WWW.WEEKSDRILLING.COM  
(707) 823-3184  
LIC. 177681

# Invoice

Date	Number
10/19/2017	17-7923

## Bill To Address:

Rosemary Morrison  
5157 Stony Point Road  
Santa Rosa, CA 95407

## Work\Ship Address:

1171145 - Morrison /3950 I Street Ext. / Well  
3950 I Street Extension  
Petaluma, CA 94952

Agreement #	PO #	Terms	Due Date	Sales Rep		WO #
		Due on Receipt	10/19/2017	BRANDON J BURGESS		
Item	Description			Quantity	Price	Amount
	If you are a victim of any of the fires we are very sorry for your loss. Please contact us at your earliest convenience. Our thoughts and prayers are with you.					
Test Hole Drilling	ft / Test Hole Drilling @ \$32/ft			260.00	\$32.00	\$8,320.00
9.10505.5B	ft / 5" PVC Blank Casing, Installed @ \$16/ft			196.00	\$16.00	\$3,136.00
9.10505.5032	ft / 5" PVC Perf Casing, Installed @ \$16/ft			60.00	\$16.00	\$960.00
Gravel	yds / Gravel Pack, Delivered @ Vendor Invoice + 20%			3.50	\$247.71	\$867.00
Sanitary Seal	ft / Sanitary Seal, Installed @ \$30/ft			22.00	\$30.00	\$660.00
Air Lift Develop	hrs/ Air Lift Development @ \$350/hr (after 2 hours if needed)			1.00	\$350.00	\$350.00
Permit Fee	Permit & Processing			1.00	\$755.00	\$755.00
9.10780	Cement #94			8.00	\$0.00	\$0.00
7.15450	5 S40 Cap Slip			2.00	\$15.00	\$30.00
Taxable Materials				\$1,646.11		
					Sales Tax	\$133.75
					Total	\$15,211.75
					Payments	\$1,000.00
					Balance Due	\$14,211.75

Phone #	Fax #	E-mail
707 823-3184	707 823-4258	WaterInfo@WeeksDrilling.com