

ORIGINAL
File with DWR

Page of
 Owner's Well No. 1
 Date Work Began Ended
 Local Permit Agency
 Permit No. Permit Date

STATE OF CALIFORNIA
WELL COMPLETION REPORT
 Right to Information Act § 54957

WELL OR WELL - FOR WELL FILE IN

STATE WELL NO-STATION NO.

LATITUDE LONGITUDE

APPROVED BY

GEOLOGIC LOG			WELL OWNER		
ORIENTATION (i.e.)	<input type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE <input type="checkbox"/> (DEGREE)	Name	Mailing Address <u> </u>		
DEPTH FROM SURFACE ft. to ft.	DRILLING METHOD	City	STATE <u> </u> ZIP <u> </u>		
		Address			
DESCRIPTION <i>Describe material, grain size, color, etc.</i>		WELL LOCATION			
<p style="text-align:center; font-size: 2em;">8</p>		City	County		
		APN Book <u> </u> Page <u> </u> Parcel			
		Township <u> </u> Range <u> </u> Section <u> </u>			
		Latitude <u> </u> ° <u> </u> ' <u> </u> " NORTH Longitude <u> </u> ° <u> </u> ' <u> </u> " WEST			
		LOCATION SKETCH			
		NORTH		EAST	
		4		ACTIVITY	
				<input type="checkbox"/> NEW WELL	
				MEDICAL USES	
				<input type="checkbox"/> Oxygen <input type="checkbox"/> Other (specify)	
				<input type="checkbox"/> BATTERY (Exhaustion Prevention and Recovery Under GEOLOGIC LOG)	
		6		PLANNED USES (i.e.)	
				WATER SUPPLY	
				<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation	
				<input type="checkbox"/> CROPLAND	
				<input type="checkbox"/> FISH BEEL	
				<input type="checkbox"/> PROTECTION	
				<input type="checkbox"/> HEAT EXCHANGE	
				<input type="checkbox"/> DIRECT FUEL	
				<input type="checkbox"/> IRRIGATION	
				<input type="checkbox"/> WIND EXTRACTION	
				<input type="checkbox"/> SPARKING	
				<input type="checkbox"/> REGENERATION	
				<input type="checkbox"/> OTHER (SPECIFY)	
		SOUTH <i>Sketch or locate sketch of well from North, South, East, West, and any 1/4 sec. The width of each 1/4 sec. PLEASE BE ACCURATE & COMPLETE.</i>			
		WATER LEVEL & YIELD OF COMPLETED WELL			
		DEPTH TO HEAD WATER <u> </u> (ft.) BELOW SURFACE		7	
		DEPTH OF STATIC WATER LEVEL <u> </u> (ft.) & DATE MEASURED <u> </u>			
		ESTIMATED YIELD * <u> </u> (GPM) & TEST TYPE <u> </u>			
		TEST LENGTH <u> </u> (ft.) TOTAL DRAINDOWN <u> </u> (ft.)			
TOTAL DEPTH OF BORING <u> </u> (feet)		* May not be representative of a well's long-term yield.			

DEPTH FROM SURFACE ft. to ft.	BORE HOLE DIA. (inches)	9 Casing (ft)				DEPTH FROM SURFACE ft. to ft.	10 ANNUAL MATERIAL TYPE					
		APPROX. SPACE	INTERNAL DIAMETER (inches)	GAUGE OR WALL THICKNESS	SLOE DIA. IF ANY (inches)		DEPTH (ft.)	QTY. TONS (±)	PULL (±)	REASON MADE (EXPOSED)		

ATTACHMENTS (i.e.)

- Geologic Log
- Well Completion Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analysis
- Other

ATTACH ADDITIONAL INFORMATION ON 1" SQUARE

CERTIFICATION STATEMENT

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

NAME

ADDRESS CITY STATE ZIP

DATE

Example of a good, acceptable WCR submitted with all information included.
 All information, including the site map, MUST be filled out completely on the WCR form.

ORIGINAL
 File with DWR
 Page 1 of 1
 Owner's Well No. 1
 Date Work Began 8/14/91 Ended 8/28/91
 Local Permit Agency Tehama County Environmental Health
 Permit No. 395-91 Permit Date 8/01/91

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Subject to American Oversight
 No. **01020304**

COG USE ONLY
 STATE WELL REGISTRATION NO.
 LATITUDE
 LONGITUDE
 APPROXIMATE

WELL OWNER

Name John Smith
 Mailing Address 227 Bidwell Avenue
Red Bluff Calif
 City 96080 STATE 28

Address _____
 City same as above
 County Tehama
 APN Block 07 Page 122 Parcel 14
 Township 25N Range 03W Section 10 MDBM
 Latitude 40.215 NORTH Longitude 122.272 WEST

ORIENTATION (1-5) Vertical Horizontal Azim Slope
 DRILLING METHOD _____ FLUID _____
 Describe material, grain size, color, etc.

DEPTH FROM SURFACE	DEPTH	DESCRIPTION
0	6	topsoil
4	20	brown clay
20	50	brown clay & gravel
50	62	gravel (water)
62	80	brown clay
80	100	gravel to cobble size brown to tan
100	116	brown clay, fat changing to sand
116	133	cobbles and gravel
133	168	brown clay, fat with sandy lenses
168	207	gravel to cobble size
207	288	blue clay, fat
288	305	sand, medium size
305	330	blue clay

* screen type: shutter screen

LOCATION SKETCH (1-1)

ACTIVITY (1-1)
 NEW WELL
 OVERHEAD OVERFLOW
 OTHER (Specify) _____
 DESTROY EXISTING PROTECTIVE AND MONITORING DEVICES (1-1)
 PLANNED USES (1-1)
 Drinking Water Other (Specify) _____
 MONITORING
 TEST WELL _____
 OVERHEAD PROTECTION _____
 LEAK DETECTION _____
 OTHER TEST _____
 INFLUENCE _____
 SAFETY EXTENSION _____
 SPRING _____
 SEWAGE _____
 OTHER (Specify) _____

WATER LEVEL & YIELD OF COMPLETED WELL
 DEPTH TO FIRST WATER 47 (ft) BELOW SURFACE
 DEPTH OF STATIC WATER LEVEL 54 (ft) DATE MEASURED 8/14/91
 ESTIMATED YIELD 720 GPM @ TEST TIME primed
 TEST LENGTH 3 (min) TOTAL QUANTITY 19 (ft)
 * May not be representative of a well's long-term yield.

DEPTH FROM SURFACE	BOREHOLE DIA. (INCH)	CASING (5)				DEPTH FROM SURFACE	ANNULAR MATERIAL			
		TYPE (1-1)	MATERIAL GRADE	INTERNAL DIAMETER (INCH)	APPROX. DRILL THICKNESS		DEPTH FROM SURFACE (INCH)	TYPE	DEPTH FROM SURFACE (INCH)	DEPTH FROM SURFACE (INCH)
0	116	12	steel	6	.25	0	110			
116	133	12	steel	6	.25	110	310			#8 sand
133	168	12	steel	6	.25					
168	207	12	steel	6	.25					
207	288	12	steel	6	.25					
288	330	12	steel	6	.25					

ATTACHMENTS (1-1)
 Drilling Log
 Well Construction Diagram
 Geophysical Log(s)
 Seismic Character Analysis
 Other _____

CERTIFICATION STATEMENT
 I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.
 NAME ESSIG WELL DRILLING
 ADDRESS P.O. BOX 731 CITY WESTPORT STATE CALIF ZIP 91201
 SIGNATURE Carl Essig DATE Jan 1, 2020 WELL REGISTRATION NO. 0505051

Example of an unacceptable, incomplete WCR submitted with information missing.

*The Well-A-Rite Reader may be used to view and complete this form. However, software must be purchased to complete wells, and reuse a standard form.
File Original with DWR

State of California
Well Completion Report

Page 1 of 1
Owner's Well Number CS-1 and CS-2
Date Work Began 2-18-08 Date Work Ended 2-18-08
Local Permit Agency Alameda County Public Works
Permit Number W2005-001 Permit Date 2-2-08

EWR Use Only - Do Not Fill In
State Well Number/Date Number
Latitude Longitude
ANNR/Other

Geologic Log		Well Owner								
Orientation <input type="radio"/> Vertical <input type="radio"/> Horizontal <input type="radio"/> Angle <input type="radio"/> Slope Drilling Method <input type="checkbox"/> Drilling Fluid		Name <u>John Doe</u>								
Depth from Surface Feet M Feet		Mailing Address <u>123 A Street</u>								
Description Describe material, grain size, color, etc.		City <u>Hayward</u> State <u>CA</u> Zip <u>94541</u>								
See attached logs		Well Location								
		Address <u>123 A Street</u>								
		City <u>Hayward</u> County <u>Alameda</u>								
		Latitude _____ N Longitude _____ W Datum _____ Parcel _____								
		Township _____ Range _____ Section _____								
		Location Sketch (Indicate in sketch by legend what features you wish to illustrate and describe.)	Activity							
		See Attached Map	<input checked="" type="radio"/> New Well <input type="radio"/> Modification/Repair <input type="radio"/> Deepen <input type="radio"/> Clean <input type="radio"/> Destroy <input type="checkbox"/> Describe (attach separate sheets)							
		Planned Uses								
		<input type="checkbox"/> Water Supply <input type="checkbox"/> Domestic <input type="checkbox"/> Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Dewatering <input type="checkbox"/> Heat Exchange <input type="checkbox"/> Injection <input type="checkbox"/> Monitoring <input type="checkbox"/> Remediation <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Test Well <input type="checkbox"/> Vapor Extraction <input type="checkbox"/> Other								
Total Depth of Boring _____ Feet		Water Level and Yield of Completed Well								
Total Depth of Completed Well _____ Feet		Depth to first water _____ (Feet below surface) Depth to Static _____ (Feet) Date Measured _____ Water Level _____ (Feet) Test Type _____ Estimated Yield * _____ (GPM) Test Type _____ Test Length _____ (Hours) Total Drawdown _____ (Feet) *May not be representative of a well's long term yield								
Casings								Annular Material		
Depth from Surface Feet to Feet	Borehole Diameter (Inches)	Type	Material	Wall Thickness (Inches)	Outside Diameter (Inches)	Screen Type	Slot Size if Any (Inches)	Depth from Surface Feet to Feet	Fill	Description
See Attached								See Attached		
Attachments				Certification Statement						
<input checked="" type="checkbox"/> Geologic Log <input checked="" type="checkbox"/> Well Construction Diagram <input type="checkbox"/> Geophysical Log(s) <input type="checkbox"/> Soil/Water (Chemical) Analyses <input checked="" type="checkbox"/> Other <u>See Attached Map</u>				I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief. Name <u>R. J. Scott P.E.</u> <u>222 R Street</u> <u>Hayward</u> <u>CA</u> City <u>Hayward</u> State <u>CA</u> Zip <u>94541</u> Signed <u>[Signature]</u> Date Signed _____ C-67 Licensed Algor Well Contractor C-67 License Number _____						