

Owner's Well No. **SC-A2RA**

Date Work Began **2/20/2012**, Ended **2/27/2012**

Local Permit Agency **ENVIRO HEALTH, SANTA CRUZ**

Permit No. **12-044**

Permit Date **2/9/2012**

# STATE OF CALIFORNIA WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. **EO147062**

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

## GEOLOGIC LOG

## WELL OWNER

ORIENTATION (✓) ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE (SPECIFY)

Name **SOQUEL CREEK WATER**

DEPTH FROM SURFACE **FL. to Ft.** DRILLING METHOD **ROTARY** FLUID **WATER**

Mailing Address **5180 SOQUEL DRIVE**

**SOQUEL** **CA** **95073**

CITY STATE ZIP

Describe material, grain, size, color, etc.

0	20	TOPSOIL, CANDY CLAY
20	40	SANDY CLAY, WITH SOME SMALL/MEDIUM GRAVEL AND SAND
40	80	MEDIUM/FINE/COARSE SAND AND GRAVEL
80	120	MEDIUM/FINE/COARSE SANDS, WITH SOME GRAVEL, SILTY CLAY
120	140	MEDIUM/FINE/COARSE SANDS, SILTY CLAY
140	180	MEDIUM/FINE/COARSE SANDS, SANDY LAY
180	220	FINE SAND
220	240	MEDIUM/FINE/COARSE SANDS, SANDY CLAY
240	260	SANDY CLAY, WITH SOME MEDIUM/FINE SANDS
260	280	MEDIUM/FINE SANDS, SANDY CLAY
280	300	MEDIUM/FINE/COARSE SANDS, SOME GRAVEL, SANDY CLAY
300	320	MEDIUM/FINE/COARSE SANDS, BLACK CLAY, BLUE/GREEN CLAY
320	340	BLUE/GREEN CLAY, WHITE CLAY, MEDIUM/FINE SANDS
340	360	BLUE CLAY, BROWN SAND, CLAY
360	380	MEDIUM/FINE SANDS, SANDY CLAY
380	400	MEDIUM/FINE SANDS, SANDY CLAY
400	420	MEDIUM/FINE/COARSE SANDS WITH SOME SANDY CLAY
420	440	MEDIUM/FINE/COARSE SANDS WITH SOME SMALL GRAVEL
440	460	MEDIUM/FINE/COARSE SANDS
460	480	MEDIUM/FINE/COARSE SANDS WITH SOME SANDY CLAY
480	500	MEDIUM/FINE/COARSE SANDS

Address **2320 IN FRONT OF SUMNER AVE**

City **APTOS CA 95003**

County **SANTA CRUZ**

APN Book Page Parcel

Township Range Section

Latitude

DEG. MIN. SEC. DEG. MIN. SEC.

## LOCATION SKETCH

## 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 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 (Ft.) BELOW SURFACE

DEPTH OF STATIC

WATER LEVEL (Ft.) & DATE MEASURED

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

TEST LENGTH **4** (Hrs.) 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)				
		TYPE (✓)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
0	460	8 3/4" ✓	PVC	2"	SCH 80	
460	480	8 3/4" ✓	PVC	2"	SCH 80	.030
480	490	8 3/4" ✓	PVC	2"	SCH 80	

DEPTH FROM SURFACE Ft. to Ft.	ANNULAR MATERIAL			
	CE-MENT (✓)	BEN-TONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)
0	450	✓		
450	455	✓		

## 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 **BRADLEY & SONS**

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

ADDRESS **3625 S. HIGHLAND**

Signed

WELL DRILLER/AUTHORIZED REPRESENTATIVE

DEL REY

CITY

CA

93616

STATE

ZIP

03/30/12

DATE SIGNED

414178

C-57 LICENSE NUMBER

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

## GEOLOGIC LOG

[illegible]

TOTAL DEPTH OF BORING 455 (Feet)  
TOTAL DEPTH OF COMPLETED WELL 450 (Feet)

## - WELL OWNER

Name SOQUEL CREEK WATER		
Mailing Address	5180 SOQUEL DRIVE	
SOQUEL	CA	95073
CITY	STATE	ZIP

## WELL LOCATION

Address 2320 IN FRONT OF SUMNER AVE.  
City APTOS CA 95003  
County SANTA CRUZ

APN Book \_\_\_\_\_ Page \_\_\_\_\_ Parcel \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

Latitude \_\_\_\_\_

DEG.	MIN.	SEC.
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### LOCATION SKETCH

WEST	NORTH	<input checked="" type="checkbox"/> NEW WELL MODIFICATION/REPAIR ___ Deepen ___ Other (Specify) _____ <hr/> ___ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
	EAST	<b>PLANNED USES (✓)</b> WATER SUPPLY ___ Domestic     ___ Public ___ Irrigation    ___ Industrial  MONITORING <input checked="" type="checkbox"/> TEST WELL _____ CATHODIC PROTECTION _____ HEAT EXCHANGE _____ DIRECT PUSH _____ INJECTION _____ VAPOR EXTRACTION _____ SPARGING _____ REMEDIATION _____ OTHER (SPECIFY) _____
	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 & COMPLETE.*

### WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER \_\_\_\_\_ (Ft.) BELOW SURFACE  
 DEPTH OF STATIC  
 WATER LEVEL \_\_\_\_\_ (Ft.) & DATE MEASURED \_\_\_\_\_  
 ESTIMATED YIELD \* \_\_\_\_\_ (GPM) & TEST TYPE **AIR LIFT**  
 TEST LENGTH **4** \_\_\_\_\_ (Hrs.) TOTAL DRAWDOWN \_\_\_\_\_ (Ft.)  
*May not be representative of a well's long-term yield.*

[illegible]

DEPTH FROM SURFACE			ANNULAR MATERIAL			
			TYPE			FILTER PACK (TYPE/SIZE)
Ft.	to	Ft.	CE- MENT (✓)	BEN- TONITE (✓)	FILL (✓)	
0		405	✓			
405		410		✓		

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 **BRADLEY & SONS**

NAME BRADLEY S. GONG  
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

3625 S. HIGHLAND  
ADDRESS

Signed Donna H  
WELL DRILLER/AUTHORIZED REPRESENTATIVE

DEL REY  
CITY

CA	93616
STATE	ZIP

04/11/12 414178  
DATE SIGNED C-57 LIC



IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM