ORIGINAL
File with DWR

Page ___ of ___
Owner's Well No. _____
Date Work Began _____, Ended _____
Local Permit Agency _____
Permit No. _____ Permit Date _____

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet
No.

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

GEOLOGIC LOG

ORIENTATION (✓) ___ VERTICAL ___ HORIZONTAL ___ ANGLE ___ (SPECIFY)
DRILLING METHOD _____ FLUID _____

DEPTH FROM SURFACE Ft. to Ft.	DESCRIPTION *Describe material, grain size, color, etc.*

TOTAL DEPTH OF BORING _____(Feet)
TOTAL DEPTH OF COMPLETED WELL _____(Feet)

WELL OWNER

Name _____
Mailing Address _____
CITY STATE ZIP

WELL LOCATION

Address _____
City _____
County _____
APN Book _____ Page _____ Parcel _____
Township _____ Range _____ Section _____
Latitude ___ DEG. ___ MIN. ___ SEC. NORTH Longitude ___ DEG. ___ MIN. ___ SEC. WEST

LOCATION SKETCH

NORTH
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.***

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) ___

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* _____
TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (Ft.)
* *May not be representative of a well's long-term yield.*

CASING (S)

DEPTH FROM SURFACE Ft. to Ft.	BORE-HOLE DIA. (Inches)	TYPE (✓) BLANK	SCREEN	CON-DUCTOR	FILL PIPE	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)

ANNULAR MATERIAL

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

ATTACHMENTS (✓)

___ Geologic Log
___ Well Construction Diagram
___ Geophysical Log(s)
___ Soil/Water Chemical Analyses
___ 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 _____
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS CITY STATE ZIP

Signed _____ DATE SIGNED _____ C-57 LICENSE NUMBER _____
WELL DRILLER/AUTHORIZED REPRESENTATIVE

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM