LAKE COUNTY HEALTH SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
922 BEVINS COURT, LAKEPORT, CA 95453 PHONE: (707) 263-1164 *** FAX: (707) 263-1681
16195 MAIN STREET, LOWER LAKE (NO MAIL) PHONE: (707) 994-2257 *** FAX: (707) 994-8950

WELL PERMIT APPLICATION
TO CONSTRUCT, DESTROY, REPAIR OR ALTER WELLS OR BORINGS

JOB LOCATION ADDRESS: 5191 Lake Rd. Lower Lake CA

Assessor's Parcel Number: 10-033-080 Parcel Size: 2½AL±

Property Owner: Jette C. Selness Phone: 350-0155

Mailing Address: P.O. Box 20695 City/State/Zip: El Sobrante, CA. 94820

WELL DRILLER: Dan McMullen Well Drilling

Mailing Address: 14871 Old Long Valley Rd. City/State/Zip: Clearlake Oaks CA 95423

CA C-57 License Number: 533152 Phone: 998-9252

TYPE OF WORK: [X] New Well [ ] Reconstruction [ ] Destruction [ ] Test Well
[ ] Soil Boring/Hydropunch [ ] Other:

PROPOSED USE: [X] Domestic [ ] Public [ ] Monitoring [ ] Agriculture
[ ] Industrial [ ] Test Well [ ] Other:

CONSTRUCTION: [ ] Cable Tool [ ] Mud Rotary [X] Air Rotary [ ] Other:
Casing Type & Standard: PVC F480 Wall Thickness: SDR26 Diameter 4½"
Proposed Depth of Seal: 20'+ Bore Hole Diameter: 9" Variance:

SEAL MATERIAL: [ ] Concrete [ ] Bentonite Clay [ ] Sand-Cement Grout
[X] Neat Cement [ ] Other:

WELL DRILLER'S SIGNATURE: Dan L Mullen Date: 8/14/07

***** PLEASE COMPLETE ALL ATTACHMENTS *****
THIS PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUANCE

FOR OFFICE USE ONLY

Date Received: 8-20-07 **Fee Paid:** 248.00 **Receipt Number:** 23740

100 Year Flood Plain? [ ] No [X] Yes **Zone:** X Elevation:

Public Works: Per Michele at DPW 8/20/07 JB Minimum Casing Height: +1 feet above ground surface drainage pattern for flood zones

Issued By: Heather M Pruett **Date:** 08/23/07

FINAL APPROVAL BY: J. Barnes **Date:**

WELL PERMIT NUMBER: WE 2574

FOR OFFICE USE ONLY

Seal Scheduled For: 11/19/07 at 3:00 a.m./p.m. Requested By: Dan McMullen

Seal Cancelled On: 11/19/07 at 8:15 a.m./p.m. Requested By: Karen McMullen

Seal Scheduled For: 11/26/07 at 9:00 a.m./p.m. Requested By: Dan

Site #1 Seal Depth: 21' -- 0' Feet Total Feet Below Ground Surface: 21'

Site #2 Seal Depth: ____ -- ____ Feet Total Feet Below Ground Surface: ____

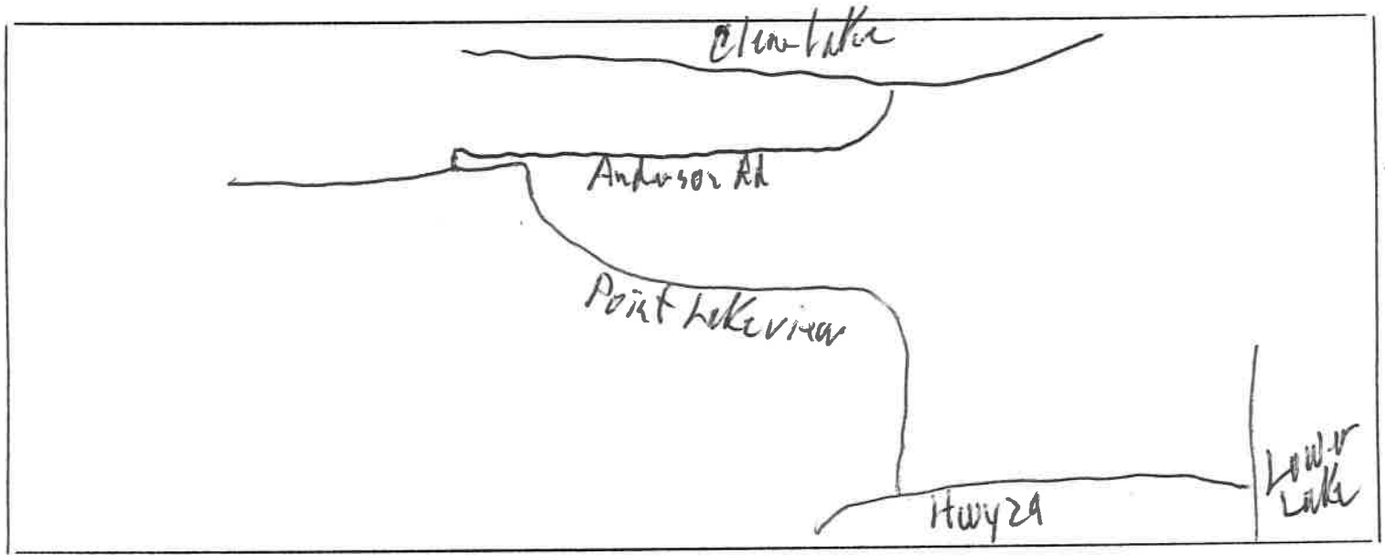
Annual Seal Verified By: Juli Pimentel Date: 11/26/07

Destruction Verified By: ____ Date: ____

Well Log Received On: 1/28/11

LOCATION MAP

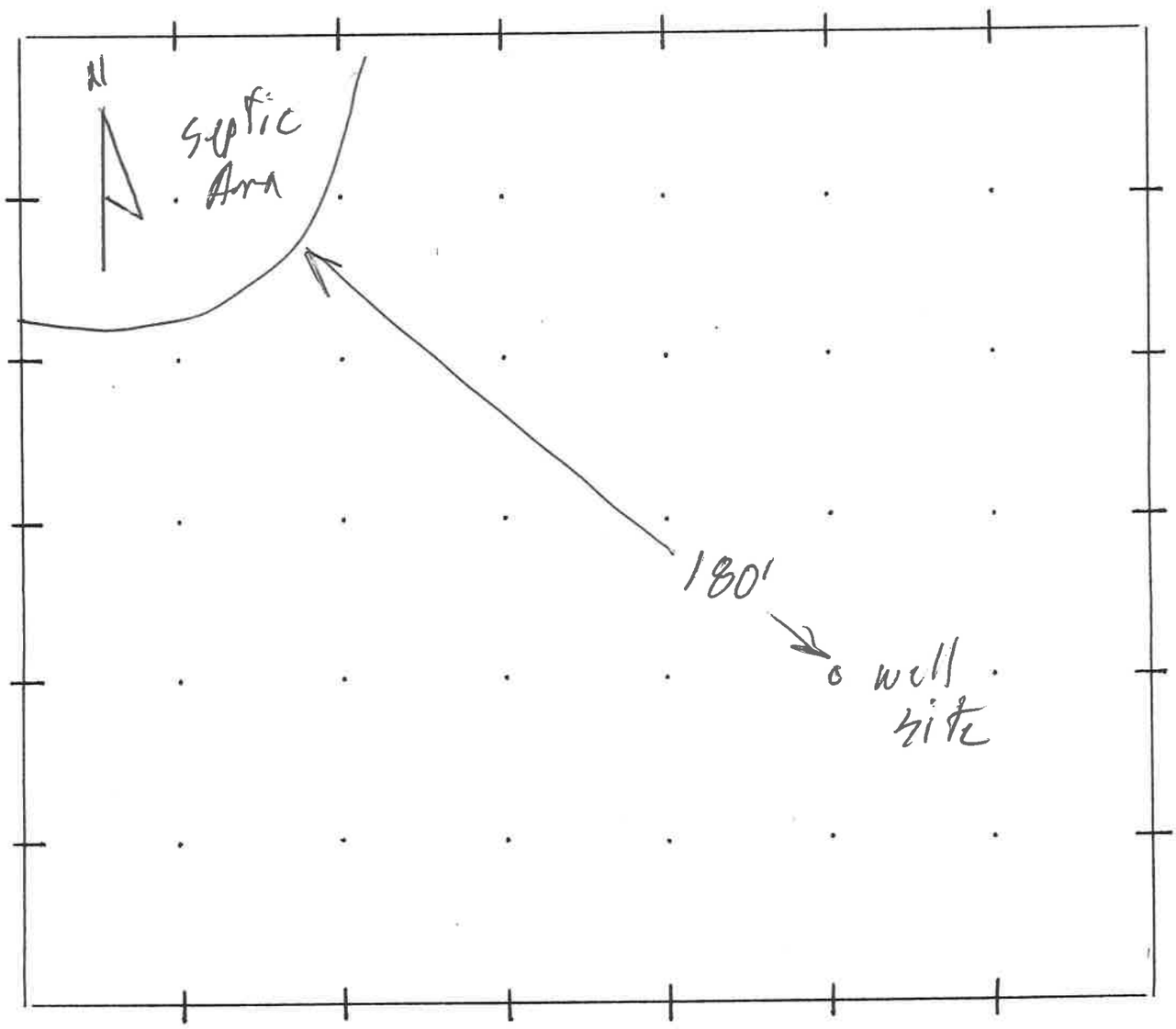
DIRECTIONS (Include mile post markers, landmarks, nearest cross street, etc.):



DRAW TO SCALE ANY OF THE FOLLOWING WITHIN 200 FEET OF THE WELL

1. Well/wells existing and proposed
2. Property lines, if over 200 feet
3. Easements or roads
4. All existing and proposed sewage disposal systems within 100 feet, <u>adjacent parcels included</u>
5. Any facilities or piping designed to carry or hold sewage
6. Any storage or mixing area which involves Hazardous Materials
7. Any structures

__X__ None of the items above are within 200 feet of the well



DRAWN TO THE SCALE OF 1" = 50'

QUADRUPLICATE
For Local Requirements

WE 2574

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

010-033-08

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

Page ___ of ___
Owner's Well No. ___
No. 1089153
Date Work Began 11/12/07 Ended 11/26/07
Local Permit Agency Lake County Environmental Health
Permit No. WE 2574 Permit Date 8/20/07

GEOLOGIC LOG

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

DEPTH FROM SURFACE Ft. to Ft.	DESCRIPTION *Describe material, grain size, color, etc.*
0 – 21	Red soil & Vol. Boulders
21 – 74	Red Clay & Vol. Boulders
74 – 90	Very broken Fract Vol Rock
90 – 240	No return & Very broken Vol. Rock

RECEIVED
JAN 28 2011
Environmental Health

TOTAL DEPTH OF BORING 240 (Feet)
TOTAL DEPTH OF COMPLETED WELL 235 (Feet)

WELL OWNER

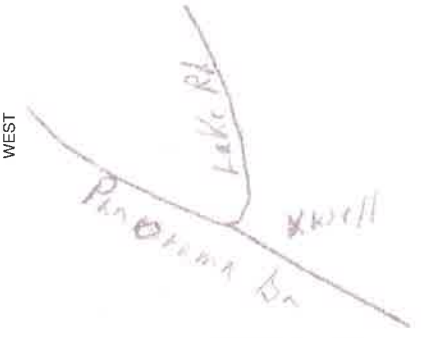
Name Pete Schatz
Mailing Address [illegible] Box 2695
City El Sobrante CA 94820
STATE ZIP

WELL LOCATION

Address 5291 Eastlake Rd.
City Lower Lake
County Lake
APN Book 10 Page 033 Parcel 080
Township ___ Range ___ Section ___
Lat ___ DEG. ___ MIN. ___ SEC. N
Long ___ DEG. ___ MIN. ___ SEC. W

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 (✓)

X NEW WELL
MODIFICATION/REPAIR
___ Deepen
___ Other (Specify)
___ DESTROY *(Describe Procedures and Materials Under "GEOLOGIC LOG")*

USES (✓)

WATER SUPPLY
X 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 181 (Ft.) & DATE MEASURED 11/26/07
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)
0 – 25	9	X				PVC F480	4in	SDR26	
25 – 215	7	X				PVC F480	4in	SDR26	
215 – 235	7		X			PVC F480	4in	SDR26	.032

ANNULAR MATERIAL

DEPTH FROM SURFACE Ft. to Ft.	TYPE: CEMENT (✓)	BENTONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)
0 – 21	X			
21 – 23		X		
23 – 235				pea gravel

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 Dan McMullen Well Drilling
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
ADDRESS 14861 Old Long Valley Rd. CITY Clearlake Oaks STATE CA ZIP 95423
Signed [signature] C-57 LICENSED WATER WELL CONTRACTOR
DATE SIGNED 11/26/07 C-57 LICENSE NUMBER 533156

DWR 188 REV. 05-03

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM