

State of California
Well Completion Report
 Form DWR 188 Submitted 7/17/2019
 WCR2019-009761

Owner's Well Number _____ Date Work Began 05/29/2019 Date Work Ended 05/30/2019
 Local Permit Agency Mariposa County Health Department
 Secondary Permit Agency _____ Permit Number 1053 Permit Date 05/28/2019

Well Owner (must remain confidential pursuant to Water Code 13752)		Planned Use and Activity
Name <u>BLIE RIDGE SERVICES, GRANITE OAKS LLC,</u>	Activity <u>New Well</u>	
Mailing Address <u>P.O. Box 2398</u>	Planned Use <u>Water Supply Public</u>	
City <u>Mariposa</u> State <u>CA</u> Zip <u>95338</u>		

Well Location			
Address <u>5015 Macready WAY</u>		APN <u>012-040-098</u>	
City <u>Mariposa</u>	Zip <u>95338</u>	County <u>Mariposa</u>	Township <u>05 S</u>
Latitude <u>37</u> <u>30</u> <u>26.0891</u> N	Longitude <u>-120</u> <u>2</u> <u>29.1012</u> W	Range <u>18 E</u>	
Deg. Min. Sec.	Deg. Min. Sec.	Section <u>07</u>	
Dec. Lat. <u>37.507247</u>		Baseline Meridian <u>Mount Diablo</u>	
Dec. Long. <u>-120.041417</u>		Ground Surface Elevation _____	
Vertical Datum _____ Horizontal Datum <u>WGS84</u>		Elevation Accuracy _____	
Location Accuracy _____ Location Determination Method _____		Elevation Determination Method _____	

Borehole Information		Water Level and Yield of Completed Well	
Orientation <u>Vertical</u>	Specify _____	Depth to first water <u>75</u> (Feet below surface)	
Drilling Method <u>Downhole Rotary Hammer</u>	Drilling Fluid <u>Water</u>	Depth to Static _____	
Total Depth of Boring <u>285</u> Feet		Water Level _____ (Feet)	Date Measured <u>05/30/2019</u>
Total Depth of Completed Well <u>285</u> Feet		Estimated Yield* <u>100</u> (GPM)	Test Type <u>Air Lift</u>
		Test Length <u>8</u> (Hours)	Total Drawdown _____ (feet)
*May not be representative of a well's long term yield.			

Geologic Log - Free Form		
Depth from Surface Feet to Feet		Description
0	25	Dirt
25	65	Rock & Casing
65	75	Slate
75	76	Quartz - 5 GPM
76	250	Slate & Granite
250	252	Quartz - 15 GPM
252	280	Granite
280	281	Quartz- 100 GPM
281	285	Granite

MARIPOSA COUNTY HEALTH DEPARTMENT
5100 Bullion Street – Post Office Box 5
Mariposa, CA 95338
209-966-2220 FAX 209-966-8248

Permit Type: Public
Well

APN: 012-040-098

Permit #: 1053

YOU MUST HAVE AN APPROVED PERMIT TO CONSTRUCT ON-SITE DURING INSTALLATION

When signed by the Health Department, this application acts as a TEMPORARY PERMIT to begin installation of the well and/or septic system. Your permanent permit is issued by the Development Services Department.

Owner's Name: Granite Oaks, LLC Phone # 209-742-2398
C/O Blue Ridge Services, Inc.
Mailing Address: PO Box 2398, Mariposa, CA 95338
Site Address: 5015 Macready Way, Mariposa, CA 95338
Driving Directions: Hwy 49N from Mariposa turn right on Macready Way .2 miles on the left

Contractor #1 (Septic): Phone
Contractor #2 (Well): Yosemite Falls, Inc. Phone 209-966-4461
Acres: 32.74 Lot# Sub-Division Name:

Bedrooms Job Description: Public Well
Existing:
Proposed:
Total:

WELL REQUIREMENTS

Comments: See Attached Conditions

APPROVALS/FINALS

EH Inspector: Date: 5/28/19

Well Log Received: Well Seal/Grout Date:

Surface Seal Date:

Conditions of approval for public/commercial wells

- 1. Annular seal must be at least 2 inches thick.**
- 2. Annular seal must be placed with a tremie pipe and grout pump in one continuous operation.**
- 3. Annular seal must be installed to a depth of at least 15 feet into solid unfractured bedrock as specified by State Water Resources Control Board (SWRCB). Seal depth must also be 100 feet unless CDPH approves a shallower depth. In no case shall the seal depth be less than 50 feet below ground level.**
- 4. Placement of the annular seal must be witnessed by a representative of the Health Department.**
- 5. Minimum setback from nearby onsite sewage disposal system is 150 feet.**
- 6. All SWRCB requirements must be met prior to placing well online and including water from the well into a public water system. This includes but is not limited to Title 22 testing and CEQA.**