

SLO PUMPS, LLC				
4882 Santa Margarita Lake Road				
Santa Margarita, CA 93453				
(805) 459-9078 Matt's Cell				
LICENSE #: C57-881710				
CUSTOMER NAME:	Laura Pratt			DATE: 6.8.26
PHONE NUMBER:	408-569-2794			
ADDRESS:	6269 Hog Canyon Road			
CITY & STATE:	San Miguel, CA 95667			
LOCATION OF TEST:	6269 Hog Canyon Road, San Miguel, CA 95667			
TEST INFORMATION:				
TIME	WATER LEVEL	DRAW DOWN	G.P.M.	COMMENTS
8:45 AM	N/A	N/A	10	Clear
9:00 AM	N/A	N/A	10	Clear
9:15 AM	N/A	N/A	10	Clear
9:30 AM	N/A	N/A	10	Clear
9:45 AM	N/A	N/A	10	Clear
10:00 AM	N/A	N/A	10	Clear
10:15 AM	N/A	N/A	10	Clear
10:30 AM	N/A	N/A	10	Clear
10:45 AM	N/A	N/A	10	Clear
11:00 AM	N/A	N/A	10	Clear
11:15 AM	N/A	N/A	10	Clear
11:30 AM	N/A	N/A	10	Clear
11:45 AM	N/A	N/A	10	Clear
12:00 PM	N/A	N/A	10	Clear
12:15 PM	N/A	N/A	10	Clear
12:30 PM	N/A	N/A	10	Clear
12:45 PM	N/A	N/A	10	Clear
WELL INFORMATION:				
WELL SIZE:	5 Inch	WELL DEPTH:	680 Feet	
TEST PUMP SIZE:	1.5 HP			
STATIC LEVEL:	Unknown	PUMPING LEVEL:	Unknown	
HOURS OF RUNNING:	4			
TEST STARTED:	8:45 AM	SHUT DOWN:	12:45 PM	
GPS:	35.720751 -120578896			
SPECIFIC CAPACITY:	N/A			
PUMPING RATE:	10 GPM			
ADDITIONAL INFORMATION:	Unable to read water level due to homemade sounding device that is not functional.			
CONTRACTORS SIGNATURE	Chad Mazzi	DATE:	6.9.26	

Abalone Coast Analytical, Inc

Order #: 26-2502

141 Suburban Road, Suite C-1 San Luis Obispo CA, 93401

Date/Time Rec'd: 6/9/26 1349

Phone: 595-1080 Fax: 595-1075

ELAP #2661

SLO Pump

4882 Santa Margarita Lane
Santa Margarita CA 93453

Contact: Matt Rau

Phone: 805-459-9078

Sampler: Matt Rau

Project:

Sample #	Sample Description	Date / Time	Analysis	Method	Result	Units	RL	Completed
-1	6269 Hog Canyon	6/9/26 1245	Total Coliform	SM 9223 B.	Absent	/100ml	1	06/10/26
			E-coli	IDEXX	Absent	/100ml	1	06/10/26

Report Completion Date:

06/10/26

Reviewed:



Priyanka Singh, Technical Director

Definitions:

Absent = Less than 1 CFU/100mls

State of California CDPH ELAP 2661

Present = 1

CFU = Colony Forming Unit

RL = Reporting Limit

Coliform are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present.

The presence of Fecal coliforms and/or *E. coli* indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.

QUADRUPLICATE
For Local Requirements

Page 1 of 1

Owner's Well No. _____

Date Work Began 5-12-03 Ended 5-14-03

Local Permit Agency San Luis Obispo County Health Dept

Permit No. 2003-151 Permit Date 5-03

STATE OF CALIFORNIA

WELL COMPLETION REPORT

Refer to Instruction Page(s)

No. 757984

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO. / LOCATION	
DATE	LONGITUDE
ENVIRONMENTAL HEALTH	

725
OK Don

GEOLOGIC LOG

ORIENTATION (±)		DRILLING METHOD	FLUID	SPECIFY
☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE ☐ SPECIFY		Rotary	Bentonite	
DEPTH FROM SURFACE		DESCRIPTION		
ft	to ft	Describe material, grain size, color, etc.		
0	2	Top soil		
2	25	Light blue clay		
25	60	Brown clay		
60	65	Shale gravel		
65	80	Light blue clay		
80	110	Brown clay		
110	120	Shale gravel		
120	130	Blue clay		
130	135	Shale gravel		
135	180	Brown clay		
180	270	Shale gravel		
270	320	Brown clay		
320	345	Sand & gravel		
345	375	Brown clay		
375	410	Sand & gravel		
410	415	Blue clay		
415	465	White shale		
465	540	Blue clay		
540	600	Sandy blue clay some gravel		
600	635	Sand & gravel		
635	660	Blue clay-layers blue sand		
660	680	Sand & gravel		
680	700	Blue clay		

NOTE: ANY PERSON REMOVING THE CAP FROM THIS WELL OTHER THAN MILLER DRILLING CO OR AUTHORIZED CONTRACTOR APPROVED BY US WILL VOID ALL STRUCTURAL WARRANTIES.

TOTAL DEPTH OF BORING 700 (Feet)
TOTAL DEPTH OF COMPLETED WELL 660 Feet

Name _____	
Mailing Address _____	
CITY _____	STATE _____ ZIP _____
WELL LOCATION	
Address 6269 Hog Cyn Rd.	
City San Miguel	
County San Luis Obispo	
APN Book 019 Page 321 Parcel 022	
Township 25S Range 13E Section 28	
Latitude 35 43 15.0 NORTH	Longitude 120 34 44.0 WEST
DEG MIN SEC	DEG MIN SEC
LOCATION SKETCH	
NORTH	
WEST	
EAST	
SOUTH	
Illustrate or Describe Position 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 _____	
SPRINKLING _____	
REMEDIATION _____	
OTHER (SPECIFY) _____	

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 540 (ft) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 256 (ft) & DATE MEASURED 5-14-03

ESTIMATED YIELD 806680 (GPM) & TEST TYPE Blow test

TEST LENGTH _____ (hrs) TOTAL DRAWDOWN _____ (ft)

* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE		BORE-HOLE DIA (inches)	CASING (S)					ANNULAR MATERIAL					
ft	to ft		TYPE (±)	MATERIAL GRADE	INTERNAL DIAMETER (inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (inches)	DEPTH FROM SURFACE	TYPE				
ft	to ft		BANK	SUBJECT	CON. PLACEMENT	FEED PIPE		ft	to ft	CE MENT (±)	BEN TONITE (±)	FILL (±)	FILTER PACK (TYPE/SIZE)
0	580	9 7/8	X					0	50	X			
580	680	9 7/8	X					50	680				Lapis/Bye

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 Miller Drilling Company

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

301 North Main Street Templeton Calif. 93465

ADDRESS CITY STATE ZIP

Signed 5-16-03 324634 AA

WELL DRILLER AUTHORIZED REPRESENTATIVE

DATE SIGNED DRY LICENSE NUMBER

STANDARD NOTICE OF WORK COMPLETED AND NOT COMPLETED

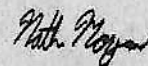
NOTICE - All recommendations may not have been completed - See below - Recommendations not completed.
This form is prescribed by the Structural Pest Control Board.

Building No. 6269	Street Hog Canyon Rd	City San Miguel	Zip 93451-9531	Date of Completion 06/30/26
		Archie's Aloha Pest Management P.O. Box 2337 Atascadero, CA 93423 Tel 805-461-5352 Fax 805-233-6648 Registration #: OPR 11172		
Ordered by: Laura Pratt (Seller) 6269 Hog Canyon Rd San Miguel, CA 93451-9531 408-569-2794		Property Owner and Party of Interest: Laura Pratt (Seller) 4940 Goldfield Way Placerville, CA 95667-7706 408-569-2794	Completion sent to: Laura Pratt (Seller) 4940 Goldfield Way Placerville, CA 95667-7706 408-569-2794	

The following recommendations on the above designated property, as outlined in the Wood Destroying Pests and Organisms Inspection Report dated 06/15/26 have been and/or have not been completed.

Recommendations completed by this firm that are in accordance with the Structural Pest Control Board's Rules and Regulations: 3A.	
Recommendations completed by this firm that are considered secondary and substandard measures under Section 1992 of the Structural Pest Control Board's Rules and Regulations including person requesting secondary measure:	
Cost of work completed:	
Cost: \$	715.00
Inspection Fee: \$	0.00
Other: \$	0.00
Total: \$	715.00
Recommendations not completed by this firm: 4A, 4B.	
Estimated Cost: \$	0.00
Remarks: ***** This is to certify that the property described herein is now free of evidence of active infestations or infections. *****	

Signature



You are entitled to obtain copies of all reports and completion notices on this property reported to the Structural Pest Control Board during the preceding two years. To obtain copies contact: Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, CA, 95815-3831
NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (916) 561-8708, (800) 737-8188 or www.pestboard.ca.gov. 43M-41 (REV. 10/01)

WOOD DESTROYING PESTS AND ORGANISMS INSPECTION REPORT

Building No. 6269	Street Hog Canyon Rd	City San Miguel	Zip 93451-9531	Date of Inspection 06/12/2026	Number of Pages 1 of 5
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ARCHIE'S ALOHA PEST MANAGEMENT

Archie's Aloha Pest Management

P.O. Box 2337

Atascadero, CA 93423

Tel 805-461-5352 Fax 805-233-6648

Registration #: OPR 11172

A LICENSED PEST CONTROL OPERATOR IS AN EXPERT IN HIS/HER FIELD. QUESTIONS RELATIVE TO THIS REPORT SHOULD BE REFERRED TO HIM/HER.

Report #: 8168

Ordered by: Laura Pratt (Seller) 6269 Hog Canyon Rd San Miguel, CA 93451-9531 408-569-2794	Property Owner and Party of Interest: Laura Pratt (Seller) 4940 Goldfield Way Placerville, CA 95667-7706 408-569-2794	Report sent to: Laura Pratt (Seller) 4940 Goldfield Way Placerville, CA 95667-7706 408-569-2794
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COMPLETE REPORT ☒
LIMITED REPORT ☐
SUPPLEMENTAL REPORT ☐
REINSPECTION REPORT ☐

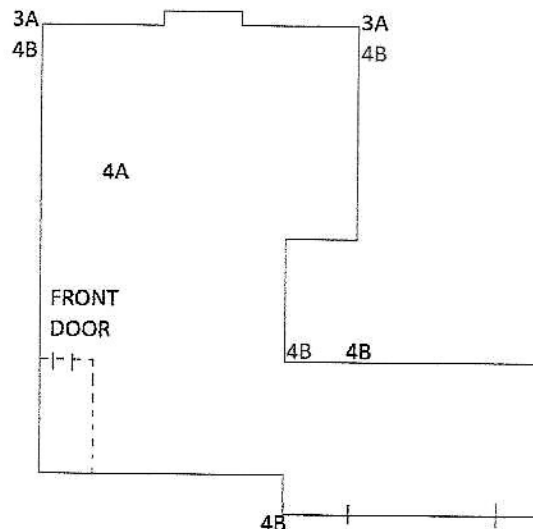
General Description: Single Family, Single Story, vacant, furnished, stucco siding, slab, attached garage, tile roof	Inspection Tag Posted: Garage
Other Tags Posted:	

An inspection has been made of the structure(s) shown on the diagram in accordance with the Structural Pest Control Act. Detached porches, detached steps, detached decks and any other structures not on the diagram were not inspected.

Subterranean Termites ☐ Drywood Termites ☐ Fungus/Dryrot ☒ Other Findings ☒ Further Inspection ☐

If any of the above boxes are checked, it indicates that there were visible problems in accessible areas. Read the report for details on checked items.

SHOP NOT INSPECTED





Inspected By: Nathan Morgan State License No.: FR64871 Signature: _____

You are entitled to obtain copies of all reports and completion notices on this property reported to the Structural Pest Control Board during the preceding two years. To obtain copies contact: Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815

NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (916) 561-8708, (800) 737-8188 or www.pestboard.ca.gov.

43M-41 (REV. 04/2015)

General Comments

THIS IS A SEPARATED REPORT WHICH IS DEFINED AS SECTION I/SECTION II CONDITIONS EVIDENT ON THE DATE OF THE INSPECTION.

SECTION I CONTAINS ITEMS WHERE THERE IS EVIDENCE OF ACTIVE INFESTATION, INFECTION OR CONDITIONS THAT HAVE RESULTED IN OR FROM INFESTATION OR INFECTION.

SECTION II ITEMS ARE CONDITIONS DEEMED LIKELY TO LEAD TO INFESTATION OR INFECTION BUT WHERE NO VISIBLE EVIDENCE OF SUCH WAS FOUND.

FURTHER INSPECTION ITEMS ARE DEFINED AS RECOMMENDATIONS TO INSPECT AREA(s) WHICH DURING THE ORIGINAL INSPECTION DID NOT ALLOW THE INSPECTOR ACCESS TO COMPLETE HIS INSPECTION AND CANNOT BE DEFINED AS SECTION I OR II.

This is a separated report which is defined as Section I/Section II conditions evident on the date of the inspection. Section I contains items where there is visible evidence of active infestation, infection or conditions that have resulted in or from infestation or infection. Section II items are conditions deemed likely to lead to infestation or infection but where no visible evidence of such was found. Further inspection items are defined as recommendations to inspect area(s) which during the original inspection did not allow the inspector access to complete the inspection and cannot be defined as Section I or Section II.

Description of Findings

SECTION: I

FUNGUS/DRYROT

Finding: 3A Fungus damage and infection, infestation noted to the fascia.
Recommendation: Remove and replace/re support the portion of damaged and infected material with new material.
Price: \$715.00

SECTION: II

OTHER FINDINGS

Finding: 4A Moisture condition with loose toilet noted in the hall bathroom.
Recommendation: Remove the toilet stool and replace sealing ring with new. Re-set toilet stool.
Price: No Bid Given

Finding: 4B Moisture condition noted to the leaking rain gutter.
Recommendation: Owner/agent should engage the services of a proper tradesman to perform the work necessary to correct the condition.
Price: No Bid Given

Section I Total: \$715.00

Section II Total: \$0.00

Grand Total: \$715.00

Ingram & Greene

Ingram & Greene P.O. Box 215 Atascadero, Ca. 93423

(805) 466-0462 License #940007

www.ingramandgreeneseptic.com

Inspection Report/Certification of Sewage Disposal System

Date of Inspection: 06/15/2026

Requested by: Jan Bugge/ Country Real Estate

Property Address:

Escrow #: N/A

6269 Hog Canyon Rd., San Miguel, Ca.

Escrow Company: N/A

Property Owner: Richard Yngling

Escrow Agent : N/A

Overall General Condition

Compartments of tank: 2

Flow Line Level: Low ☐

Normal ☒

High ☐

Tank offset from well: 100'+

Leach System offset from well: 100'+

Tank offset from structure: 5'+

Leach system offset from structure: 8'+

Tank Composition: Redwood ☐ Concrete ☒

Fiberglass ☐

Plastic ☐

Other: N/A

Tank Size: 800 gal. ☐ 1000 gal. ☐ 1200 gal. ☒ 1500 gallons ☐ Other

Tank Measurements: Length Width Depth

Decomposing of Tank: yes ☒ no ☐

Light ☒

Moderate ☒

Heavy ☐

Number of bedrooms in residence: 4 bedrooms vacant 6 mos.

Conclusion:

- ☒ The entire system is functioning properly and is in good/fair condition as of date of inspection.
- ☐ The septic tank is not functioning properly as of date of inspection.
- ☐ The leach system is functioning properly as of date of inspection.
- ☐ The entire system is not functioning properly as of date of inspection.
- ☒ Septic tank was pumped at time of inspection.

Notes/Recommendations

Septic tank is 18" underground and has light to moderate rotting on secondary chamber

Leach field passed 30-minute flood test.

NOTICE TO BUYER/OWNER: This Certification is an expert disclosure of the condition of this waste disposal system at the time of inspection. It is not a guarantee of continued performance, or condition, past the inspection date. Sewer pipes from the building(s) to the wastewater system and grey water diversions of any kind are not included in this inspection.

Inspector Signature: _____ Name/Title: Roger Greene/ owner

Ingram & Greene

Septic Service and Inspections

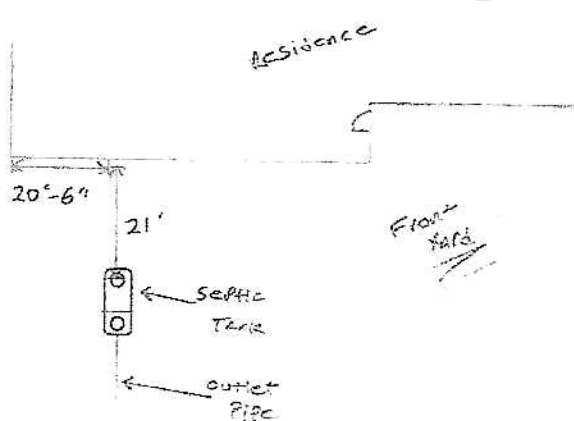
P.O. Box 215 Atascadero, Ca. 93423

(805) 466-0462

www.ingramandgreeneseptic.com

Septic System Location Plot Plan

Date of inspection 10/15/20 Property Address 102209 Hog Canyon Rd
San Miguel, Calif



Locations shown are approximate and not guaranteed. Drawing not to scale. For additional information on this properties septic system, see page one of report.