

File Original with DWR

State of California
Well Completion Report

Refer to Instruction Pamphlet
No. e0345559

DWR Use Only - Do Not Fill In

State Well Number/Site Number									
Latitude					Longitude				
APN/TRS/Other									

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Owner's Well Number 1

Date Work Began 05/08/2017 Date Work Ended 6/12/2017

Local Permit Agency Santa Barbara County

Permit Number 1803 Permit Date 2/14/17

Geologic Log		
Orientation <input checked="" type="radio"/> Vertical <input type="radio"/> Horizontal <input type="radio"/> Angle Specify _____		
Drilling Method Down-Hole Hammer Drilling Fluid Air		
Depth from Surface		Description
Feet	to Feet	Describe material, grain size, color, etc
0	10	Lt. brown fill, with lots of roots
10	120	Lt. brown rock
120	140	Lt. brown rock
140	145	Reddish brown, soft material, soft area - hammer not firing.
145	200	Soft, lt. brown rock, some caving experienced
200	260	Lt. brown sandstone, fracture @ 260' w/approx. 100 gpm
260	430	Hard, lt. gray shale, fracture @ 430'
430	710	Alternating layers of gray rock
Total Depth of Boring 710 Feet		
Total Depth of Completed Well 700 Feet		

Well Owner

Name Romaldo Water Company

Mailing Address P.O. Box 20332

City Santa Barbara State CA Zip 93120

Well Location

Address No address - near 5629 W. Camino Cielo

City _____ County Santa Barbara

Latitude 42 38 19 N Longitude 116 14 29 W
Dec. Min. Sec. Dec. Min. Sec.

Datum _____ Dec. Lat. _____ Dec. Long. _____

APN Book 153 Page 100 Parcel 013

Township _____ Range _____ Section _____

Location Sketch
(Sketch must be drawn by hand after form is printed.)

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 and complete.

Activity

New Well
 Modification/Repair
 Deepen
 Other _____
 Destroy
Describe procedures and materials under "GEOLOGIC LOG"

Planned Uses

Water Supply
 Domestic Public
 Irrigation Industrial

Cathodic Protection
 Dewatering
 Heat Exchange
 Injection
 Monitoring
 Remediation
 Sparging
 Test Well
 Vapor Extraction
 Other _____

Water Level and Yield of Completed Well

Depth to first water 260 (Feet below surface)

Depth to Static _____

Water Level _____ (Feet) Date Measured _____

Estimated Yield * 100 (GPM) Test Type Air Lift

Test Length 0.5 (Hours) Total Drawdown _____ (Feet)

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

Casings							
Depth from Surface	Borehole Diameter	Type	Material	Wall Thickness	Outside Diameter	Screen Type	Slot Size if Any
Feet to Feet	(Inches)			(Inches)	(Inches)		(Inches)
0	60	12	Conductor	Low Carbon Steel	.188	10.75	
0	100	10	Blank	SDR 17	.29	6.625	
100	700	10	Screen	SDR 17	.29	6.625	Milled Slots 0.032

Annular Material			
Depth from Surface	Fill	Description	
Feet to Feet			
0	50	Cement	10-sack slurry
50	700	Filter Pack	#12 silica sand

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 DCA Drilling and Construction, Inc.
Person, Firm or Corporation

11438 Sumac Lane Santa Rosa Valley CA 93012
Address City State Zip

Signed Ken Pat 06/22/2017 504769
C-57 Licensed Water Well Contractor Date Signed C-57 License Number