

TRIPPLICATE
Owner's Copy

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. 232157

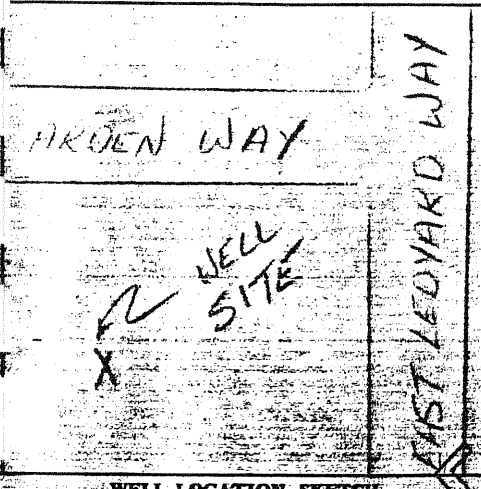
Permit No. or Date _____

State Well No. _____
Other Well No. _____

(1) OWNER: Name SOQUEL CREEK WATER DISTRICT
Address P.O. BOX 158
City SOQUEL CA Zip 95073
(2) LOCATION OF WELL (See instructions):
County SANTA CRUZ Owner's Well Number _____
Well address if different from above ASSESORS PARCEL #39-102-35
Township 115 Range 1E Section _____
Distance from cities, roads, railroads, fences, etc. Ledyard Way - Well

(12) WELL LOG: Total depth 1240 ft. Depth of completed well 300 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

0' - 2'	top soil
2' - 14'	brown clay
14' - 17'	dirty fine sand
17' - 29'	sandy brown clay
29' - 155'	cemented sands w/some pea gravel
155' - 293'	fine to coarse cemented sands (di
293' - 388'	brown fine to coarse sand w/blue
388' - 319'	hard shale w/sea shells
319' - 354'	fine coarse cemented sand & brown
	shale lense 1/4 to 1/2
354' - 398'	blue sandy clay w/1/3 shale lense
398' - 577'	fine to coarse cemented sand w/sh
	lenses
577' - 693'	cemented sand & clay (1/2 clay)
693' - 701'	blue clay & sandalenses 1/4
701' - 745'	cemented sands & blue sandy clay
745' - 834'	cemented sands & blue sandy clay
834' - 987'	blue sandy clay w/1/3 fine sand
987' - 1137'	fine to coarse sand w/1/4 sandy blu
	clay lenses
1137' - 1240'	cemented fine to coarse sand



(3) TYPE OF WORK:
New Well Deepening
Reconstruction
Reconditioning
Horizontal Well
Destruction (Describe destruction materials and procedures in Item 12)
(4) PROPOSED USE:
Domestic
Irrigation
Industrial
Test Well
Stock
Municipal
Other

5) EQUIPMENT:
Rotary Reverse
Cable Air
Other Bucket

(6) GRAVEL PACK:
Yes No Size 8 to 16
Diameter of bore 30"
Packed from 0 to 380

7) CASING INSTALLED:
Steel Plastic Concrete

From ft.	To ft.	Dia. Min.	Cage of Wall	From ft.	To ft.	Slot size
SEE ATTACHED SHEETS						

(8) PERFORATIONS:
Type of perforation or size of screen

9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth 60 ft.
Were strata sealed against pollution? Yes No Interval _____ ft.
Method of sealing CEMENT GROUT

(10) WATER LEVELS:
Depth of first water, if known _____ ft.
Standing level after well completion 185 ft.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? layne
Type of test Pump Bailer Air lift
Depth to water at start of test _____ ft. At end of test 297 ft.
Discharge 350 gal/min after 4 hours Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Electric log made? Yes No If yes, attach copy to this report

Work started 2 1 1985 Completed 6 15 1985
WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
SIGNED LARRY C. HALL (Well Driller)
NAME LARRY C. HALL & COMPANY, INC. (Person, firm, or corporation) (Typed or printed)
Address P.O. Box 1526
City WHEELAND Zip 95115
License No. 457609 Date of this report 7 2 85