

DEPARTMENT OF WATER RESOURCES

NORTHERN REGION

2440 Main Street
Red Bluff, CA 96080
(530)-529-7300
(530) 529-7322 (Fax)
April.Scholzen@water.ca.gov

NORTH CENTRAL REGION

3500 Industrial Blvd.
West Sacramento, CA 95691
(916) 376-9612
(916) 376-9676 (Fax)
NCRO_WCR@water.ca.gov

SOUTH CENTRAL REGION

3374 E. Shields Ave Ste A7
Fresno, CA 93726
(559) 230-3300
(559) 230-3301 (Fax)
Chris.Guevara@water.ca.gov

SOUTHERN REGION

770 Fairmont Avenue
Glendale, CA 91203
(818) 549-2307
(818) 543-4604 (Fax)
waterdata@water.ca.gov

WELL COMPLETION REPORT REQUEST FORM

California Water Code Section 13752 allows for the release of copies of well completion reports to governmental agencies and to the public. The department may charge a fee for the provision of a report to cover the cost of researching and preparing the well completion reports for distribution. Please contact the appropriate DWR regional office for more details.

Type of Request: Government Agency Public Request (Owner of well: Yes No)

(Note: Consultant requests are Public Requests.)

Project Name: Cobb Station Subdivision County: Humboldt

Well/ Project Location: Dinsmore - APN: 208-341-010

For A Single Well:

Owner at time of drilling: Cobb? Driller: Campell, Mike

APN: 208-341-010 Year Drilled: 99 Depth of Well: 105? Casing Diameter: 8"

For a Radius Search:

Search Radius: 2000 ft mi List of Township, Range, and Sections: 1N, 5E, 11

Additional Information related to your search request (Maps, Coordinates, etc.):

This was part of a subdivision, current APNs are 208-341-032 and 208-341-034

Previous APN before subdivision was 208-341-010

Requestor's Contact Information:

Name (Please print): Kathy Moley

Company: Pacific Watershed Associates

Address: P.O. Box 4433

Phone: 7007-839-5130

City, State, and Zip Code: Arcata, Ca 95518

Fax: 707-839-8168

Email: kathym@pacificwatershed.com

Date: 8/04/2017

FOR DWR USE ONLY

TRS: _____ Cost of Search: _____

PQ Check: _____ Initials: _____ Date: _____ Time: _____ PMT Received: _____

ORIGINAL File with DWR

RECEIVED

STATE OF CALIFORNIA WELL COMPLETION REPORT

Refer to Instruction Pamphlet

Page ___ of ___

AUG 28 1999

No. 705665

Owner's Well No. _____

Date Work Began 7-21-99 Ended 7-22-99

Local Permit Agency HUMBOLT COUNTY

Permit No. _____

Permit Date _____

DWR USE ONLY DO NOT FILL IN

01N/05E-11H

STATE WELL NO / STATION NO

LATITUDE _____ LONGITUDE _____

APN/TRS/OTHER _____

GEOLOGIC LOG

ORIENTATION () VERTICAL HORIZONTAL ANGLE _____ (SPECIFY)

DRILLING METHOD _____ FLUID _____

DEPTH FROM SURFACE		DESCRIPTION <i>Describe material, grain size, color, etc.</i>
Fl	to Fl	
1	2	top soil
2	18	brown clay
18	23	green/blue clay
23	55	soft black/gray shale
55	85	hard blue sandstone
85	105	fractured blue shale

TOTAL DEPTH OF BORING: 105 (Feet)

TOTAL DEPTH OF COMPLETED WELL: 105 (Feet)

WELL LOCATION

Address COBB STATION SUB DIVISION

City MAP TRACT # 289 DUNSMORE

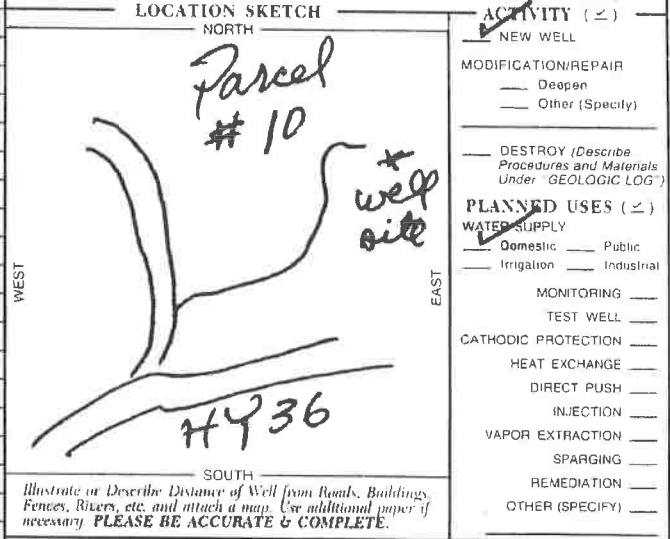
County HUMBOLT

APN Book 021 Page 05E Parcel 11

Township 208 Range 341 Section 10

Latitude _____ NORTH _____ WEST _____

DEG MIN SEC DEG MIN SEC



WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER 57 (FL) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL 57 (FL) & DATE MEASURED 7-22-99

ESTIMATED YIELD 80+ (GPM) & TEST TYPE PUMP

TEST LENGTH 3 (Hrs) TOTAL DRAWDOWN 10 (FL)

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

DEPTH FROM SURFACE			BORE-HOLE DIA. (Inches)	CASING (S)				
Fl	to Fl	Fl		TYPE ()	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
1	20	10	<input checked="" type="checkbox"/>	SCREEN	F480	5"	200 PSI	-
20	65	8	<input checked="" type="checkbox"/>	CONDUCTOR	F480	5"	200 PSI	-
65	105	8	<input checked="" type="checkbox"/>	FILL PIPE	F480	5"	200 PSI	1/4"

DEPTH FROM SURFACE			ANNULAR MATERIAL			
Fl	to Fl	Fl	CEMENT ()	BENTONITE ()	FILL ()	FILTER PACK (TYPE/SIZE)
1	20		<input checked="" type="checkbox"/>			
20	105				<input checked="" type="checkbox"/>	3/8" gravel

AUG 24 1999

- 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 CAMPBELL DRILLING

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

ADDRESS PO. BOX 1529 UKIAH CA 95482

CITY UKIAH STATE CA ZIP 95482

Signed Mike Campbell DATE SIGNED 8-13-99 STATE LICENSE NUMBER 525763

WELL DRILLER/AUTHORIZED REPRESENTATIVE



**Water Input to Storage
- Log Sheet -**

WD ID: 1B1K1450CHUM

PWA ID: 170101050703-5453

Watershed: Upper Van Duzen

Location: Dinmore, CA

Sheet 1 of 1

Year: 2016

Water Source
(e.g., rainwater
catchment, stream
diversion, spring
diversion, well, water
delivery, etc.)

Water
unit
(gallons
or acre
feet)

Amount Input to storage per month (gallons or acre feet), by source

		January	February	March	April	May	June	July	August	September	October	November	December
(2 wells) well	gal	12,000	1,000	1,000- 2,000	5,000	15,000	20,000	20,000	20,000	20,000	15,000	1,000	11,000
Monthly Totals													

Comments: As per NCRWQCB: "Report water volume input to storage, listing each source separately. This may include inputs from rainfall catchment, surface water diversion"



Water Use by Source - Log Sheet -

WD ID:

PWA ID:

Watershed:

Location:

Sheet ___ of ___

Year:

Water Source
(tank, bladder,
pond, well,
delivered, other)

Water
unit
(gallons or
acre feet)

Amount utilized from storage per month (gallons or acre feet), by type

		January	February	March	April	May	June	July	August	Sept	October	November	December
well storage	gal	0	1000	1000- 2500	5000	15,000	26,000	26,000	28,000	28,000	15,000	1,000	0
Monthly Totals													

Comments: As per NCRWQCB: "Report water volume used, listing each source separately. This may include use of stored water, immediate use of pumped groundwater, diverted surface water, or delivered water. If water is delivered, list delivery date, delivery volume, and name and address of water purveyor"

Prepared by Pacific Watershed Associates ♦ P.O. Box 4433 ♦ Arcata, California, 95518 ♦ Ph: (707) 839-5130 ♦ Fx: (707) 839-8168
www.pacificwatershed.com

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Fertilizer and Amendment Application Log Sheet

WD ID: _____ PWA ID: _____ Watershed: _____

Product name	Fertilizer or Amendment (circle one)	Type (circle type)	Nutrient content (N-P-K ratio)	Recommended application amount from product label (e.g. # of ounces per application)	Application units (grams, ounces, liters, gallons, etc.)	Recommended application schedule (daily, weekly, etc.)	Actual amount applied in this application (same units)	Year:	Location (Cultivation area #, Greenhouse #, Hoophouse #, etc.)	Initials	Comments
								Mo/Day			
vital cal-mag	<input checked="" type="radio"/> Fert./Amend.	<input type="radio"/> liquid/solid	1-0-0	5ml/gal		weekly	5ml/gal				
baseline humus	<input checked="" type="radio"/> Fert./Amend.	<input type="radio"/> liquid/solid	0-0-4	1oz/gal		weekly	1oz/gal				
vital kelp	<input checked="" type="radio"/> Fert./Amend.	<input type="radio"/> liquid/solid	0.5-0-17	1tbsp/gal		weekly	1tbsp/gal				
vital earth grow	<input checked="" type="radio"/> Fert./Amend.	<input type="radio"/> liquid/solid	4-3-4	1tbsp/gal		weekly	1tbsp/gal				
vital earth bloom	<input checked="" type="radio"/> Fert./Amend.	<input type="radio"/> liquid/solid	2-5-0	1tbsp/gal		weekly	1tbsp/gal				
sif-100	<input checked="" type="radio"/> Fert./Amend.	<input type="radio"/> liquid/solid	0-0-0	1tsp/gal		after feeding	1tsp/gal				
	Fert./Amend.	liquid/solid									
	Fert./Amend.	liquid/solid									
	Fert./Amend.	liquid/solid									
	Fert./Amend.	liquid/solid									
	Fert./Amend.	liquid/solid									
	Fert./Amend.	liquid/solid									
	Fert./Amend.	liquid/solid									
	Fert./Amend.	liquid/solid									
	Fert./Amend.	liquid/solid									

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Pesticide and Herbicide Application Log Sheet

WD ID:

PWA ID:

Watershed:

Product name	Location:		Recommended application amount from product label (e.g. # of ounces per application)	Application units (grams, ounces, liters, gallons, etc.)	Recommended application schedule (daily, weekly, etc.)	Actual amount (in same units) used per application	Date applied (mo/day)	Year	Sheet # of	Initials	Comments
	Pesticide or Herbicide (circle one)	Product type (circle one)									
Regalia	Pest./Herb. <input checked="" type="checkbox"/>	Liquid/solid <input checked="" type="checkbox"/>	1oz/gal	oz	weekly						90 gal sprays 15000
venerate	Pest./Herb. <input checked="" type="checkbox"/>	Liquid/solid <input checked="" type="checkbox"/>	1oz/gal	oz	weekly						
grandevo	Pest./Herb. <input checked="" type="checkbox"/>	Liquid/solid <input checked="" type="checkbox"/>	1 tsp/gal	tsp	weekly						
	Pest./Herb.	Liquid/solid									
	Pest./Herb.	Liquid/solid									
	Pest./Herb.	Liquid/solid									
	Pest./Herb.	Liquid/solid									
	Pest./Herb.	Liquid/solid									
	Pest./Herb.	Liquid/solid									
	Pest./Herb.	Liquid/solid									

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