

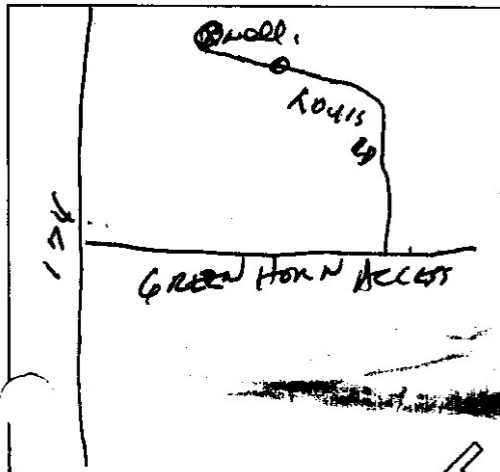
of Intent No. _____
Permit No. or Date _____

012-641-031

State Well No. _____
Other Well No. **15N09E03P**

(1) OWNER: Name **J. TURK**
Address **101 PROVIDENCE MINES RD**
City **AURORA CITY** Zip **95759**
(2) LOCATION OF WELL (See instructions): 19344
County **NEVADA** Owner's Well Number _____
Well address if different from above **LOWES RD, ROLLINS HOLE EST**
Township **15 N** Range **9 E** Section _____
Distance from cities, roads, railroads, fences, etc. **APPROX 1 MI EAST OF 174 ON GREENHORN ACCESS TO ROLLINS RD.**

(12) WELL LOG: Total depth **400** ft. Depth of completed well **400** ft.
from ft. to ft. Formation (Describe by color, character, size or material)
0 - 2 TOP SOIL - CLAY LOAM
3 - 19 OVERBURDEN CLAY LOAM, SAND
20 - 100 - HARDLY GREENSTONE
101 - 244 GREENSTONE
245 - 246 GREENSTONE QUARTZ WATER STRATA
247 - 302 GREENSTONE
303 - 400 - GREENSTONE



(3) TYPE OF WORK:
New Well Deepening
Reconstruction
Reconditioning
Horizontal Well
Destruction (Describe destruction materials and procedures in Item 15)
(4) PROPOSED USE:
Domestic
Irrigation
Industrial
T. Well
Stock
Municipal
Other

(5) EQUIPMENT:
Rotary Reverse
Cable Air
Other Bucket
(7) CASING INSTALLED:
Steel Plastic Concrete
From ft. To ft. Dia. in. Gage of Wall
22 22 2 1/2 125

(6) GRAVEL PACK:
Yes No Size _____
Diameter of bore _____
Packed from _____ to _____ ft.
(8) PERFORATIONS:
Type of perforation or size of screen _____

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth **21** ft.
Were strata sealed against pollution? Yes No Interval _____ ft.
Method of sealing **CEMENT GROUT**

(10) WATER LEVELS:
Depth of first water, if known **245** ft.
Standing level after well completion **60** ft.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? **Dulla**
Type of test Pump Bailer Air lift
Depth to water at start of test **395** ft. At end of test **395** ft.
Discharge **3.0** gal/min after **4** hours Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Was electric log made? Yes No If yes, attach copy to this report

Work started **9** 19 **87** Completed **7** 19 **89**
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 **C.T. ALLMON** (Well Driller)
NAME **CF ALLMON DEVELOPMENT Co.** (Person, firm, or corporation) (Typed or printed)
Address **PO BOX 507**
City **APPELEGATE** Zip **95713**
License No. **220146** Date of this report _____

Seal Him

NEVADA COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

950 Maidu Avenue
P. O. Box 6100
Nevada City, CA 95959-6100
(916) 265-1452

10075 Levone Avenue
P. O. Box 2693
Truckee, CA 95734
(916) 582-7820

Fee: \$ 73 Paid: 8/21/89
17270
Receipt No.

12 641 31
Assessor's Parcel No.

APPLICATION/PERMIT TO CONSTRUCT, REPAIR, OR DESTROY A WELL

Owner of Record: J. TURK Mailing Address: 101 Providence Mine Rd. Suite #203
NEVADA CITY 95959
Job Location: hours Rd Phone: 265-5250
Nearest Cross Street: GREENACRE ACCESS - 174

TYPE OF WORK (Check) New Well <input checked="" type="checkbox"/> Repair or Modification <input type="checkbox"/> Destruction <input type="checkbox"/>		USE (Check) Domestic <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/>		EQUIPMENT (Check) Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other _____	
PROPOSED WELL DEPTH <small>(IF KNOWN)</small> <u>200</u> Feet		PROPOSED CASING Plastic <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Other _____ Diameter <u>6 7/8</u> Wall or Gage <u>25</u>			
DATE OF WORK Start _____ Completion _____		SEALING MATERIAL (Check) Neat Cement <input checked="" type="checkbox"/> Cement Grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/>			
NAME OF WELL DRILLER <u>C.T. Allison</u>		BUSINESS ADDRESS <u>P.O. Box 447 Appleton</u>			
COMPANY <u>C.T. Allison Drilling Co</u>		LICENSE NUMBER AND TYPE <u>420146</u> <u>95703</u>			

I hereby certify that the work described in this application will be done in accordance with the provisions of the laws of the County of Nevada, Chapter X of Nevada County Land Use and Development Code, and the rules and regulations of the Nevada County Health Department pertaining to well construction, repair, modification, and destruction. **Within fifteen days of the completion of work** I will furnish the Nevada County Health Department a complete and accurate copy of the water well drillers report DWR form #188.

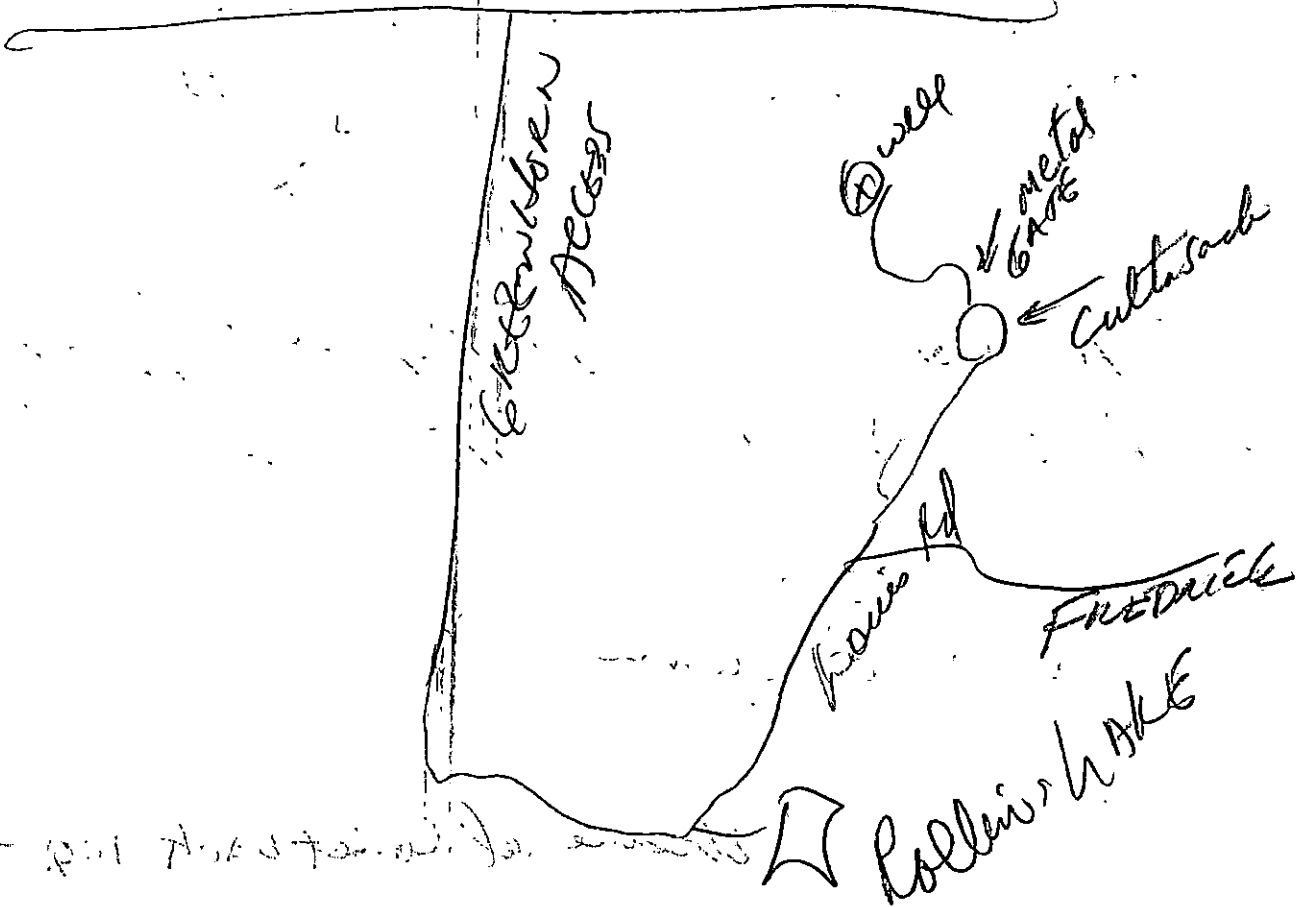
Contractor/Applicant: C.T. Allison Date: 8/21/89

PERMIT EXPIRES 2 YEARS FROM DATE OF ISSUE

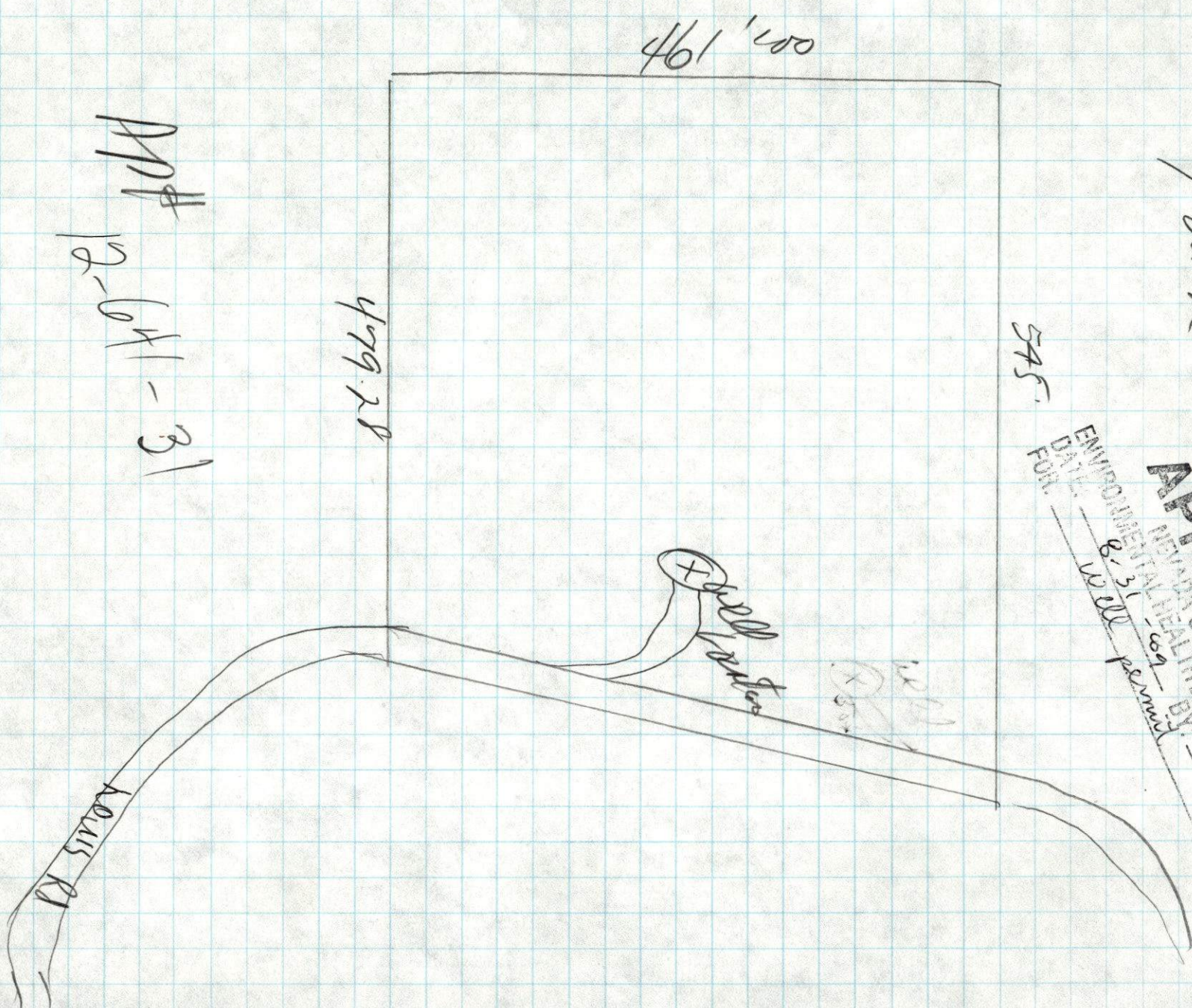
Initial/Date	OFFICIAL USE ONLY
Site Survey _____	Remarks: <u>observe w/ Co. setback req. -</u>
Seal _____	
Log Rec. _____	
Yield _____	
Initial Sample _____	
Sanitary Survey _____	
Finald _____	

Well Permit Issued By V. Rummel Date 8/21/89 Well Construction Approval By _____ Date _____
White—Office Canary—Contractor Pink—Owner

174



194/10/19



AP# 12-641-31

461' x 499'

499.28

545'

TRK

APPROVED
NEVADA COUNTY DEPARTMENT
ENVIRONMENTAL HEALTH BY: MP
DATE: 8-31-09
FOR: Well permit

Well

545'

Lewis Rd

QUADRUPLICATE
Use to comply with
local requirements

DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

No. **290721**

Notice of Intent No. _____
Local Permit No. or Date **12-631-31**

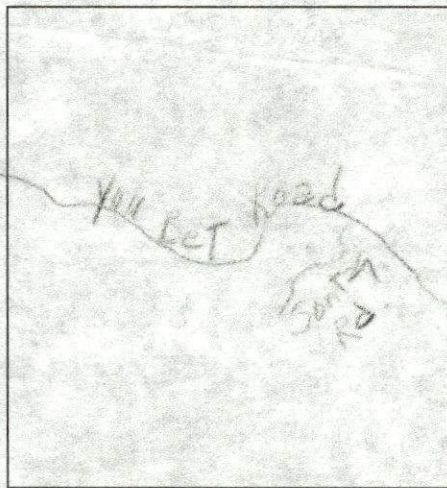
State Well No. _____
Other Well No. _____

(1) OWNER: Name **Mike VanSon**
Address **176 Patricia Wau**
City **Grass Valley, CA.** ZIP **95945**

(12) WELL LOG: Total depth **140** ft. Completed depth **140** ft.
from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):
County **Nevada** Owner's Well Number _____
Well address if different from above **Sontag Road**
Township **15N** Range **9E** Section **3**
Distance from cities, roads, railroads, fences, etc. _____

0 - 60 Clay
60 - 140 Slate



(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
Municipal
Other (Describe)

WELL LOCATION SKETCH

(5) EQUIPMENT:
Rotary Reverse
Cable Air
Other Bucket

(6) GRAVEL PACK:
Yes No Size _____
Diameter of bore _____
Packed from _____ to _____ ft.

(7) CASING INSTALLED:
Steel Plastic Concrete

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

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size
0	80	6	1/4	40	80	1/8x3

GPM SHOWN ARE AT TIME OF DRILLING. DUE TO THE POSSIBILITY OF CHANGING GROUNDWATER CONDITIONS WE DO NOT GUARANTEE WELL PRODUCTION TO BE THE SAME AT ANY FUTURE DATE.

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth **20** ft.
Were strata sealed against pollution? Yes No Interval _____ ft.
Method of sealing **concrete**

Work started **5/30** 19**89** Completed **5/30** 19**89**

(10) WATER LEVELS:
Depth of first water, if known **X33X 60** ft.
Standing level after well completion _____ ft.

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? **driller**
Type of test Pump Bailer Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge **20** gal/min after _____ hours Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Was electric log made Yes No If yes, attach copy to this report

Signed **[Signature]** (Well Driller)
NAME **Aufdenkamp Drilling, Inc.**
(Person, firm, or corporation) (Typed or printed)
Address **P.O. Box 47**
City **Grass Valley, CA.** ZIP **95945**
License No. **334942** Date of this report **X3X 5/31/89**