

From: [Gungle, Ashley](#)
To: ["tdriscoll@dudek.com"](mailto:tdriscoll@dudek.com)
Cc: ["Patrick BROWN"](#); [Bennett, Jim](#)
Subject: FW: Tierra Del Sol Solar Farm - Groundwater Comments
Date: Tuesday, April 16, 2013 2:20:40 PM
Attachments: [Doc1.docx](#)
[Tierra Del Sol Well Logs.xls](#)
[Tierra Del Sol Well Logs.pdf](#)
[Tierra Del Sol- Groundwater Comments 3-12-13.pdf](#)

Trey,

Attached are groundwater comments (and supporting documents) for the Tierra Del Sol project. Jim Bennett mentioned that you may not have received a copy of these comments.

Please also note that the technical studies and programmatic EIR for this project were submitted today. Staff will likely have additional comments after review of the EIR.

Thank you,

Ashley

Ashley Gungle
Land Use/ Environmental Planner

County of San Diego
Planning and Development Services
5510 Overland Avenue, 3rd Floor
San Diego, CA 92123
office: 858-495-5375
fax: 858-694-3373

["How to access Zoning Information "online"](#); Open website: <http://www.sdcounty.ca.gov/pds>; click on "Online Services", scroll down and click on "Find Maps" (GIS); scroll down and click on "Property Profile Map"; enter APN and click "Submit".

["How to access the Zoning Ordinance "online"](#); Open website: <http://www.sdcounty.ca.gov/pds>; click on "Zoning Ordinance", click Part Two for Use Regulations, etc.

Please consider the environment before printing this email. 

From: Gungle, Ashley
Sent: Wednesday, March 13, 2013 7:33 AM
To: Brown, Patrick
Cc: Ramaiya, Jarrett; Bennett, Jim; Hingtgen, Robert J
Subject: Tierra Del Sol Solar Farm - Groundwater Comments

Pat,

Attached are groundwater comments for the Tierra Del Sol project.

Please let us know if you have any questions or would like to set up a meeting to discuss these comments in detail.

Thanks,

Ashley

Ashley Gungle
Land Use/ Environmental Planner

County of San Diego
Planning and Development Services
5510 Overland Avenue, 3rd Floor
San Diego, CA 92123
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Please consider the environment before printing this email. 

DEH Permit	WELL LOCATION	DEH DATE	APN
15149	TIERRA DEL SOL BOULEVARD 91905	23-Jan-03	658-090-05-00
15555	38763 ALTA VEGA ROAD. BOULVARD	8-Sep-03	659-070-06-00
15997	MOON VALLEY ROAD, BOULEVARD 91905	25-May-04	658-090-49-00
16051	TERRA DE LUNA, BOULEVARD 91905	21-Jun-04	658-080-52-00
16446	38211 MOON VALLEY RD. BOULVARD 91905	30-Jan-05	658-090-03-00
14728	TIERRA DEL SOL RD , BOULEVARD 91905	16-May-02	658-090-18-00
14729	TIERRA DEL SOL RD , BOULEVARD 91905	16-May-02	658-090-18-00
4610	38663 ALTA VEGA RD , BOULEVARD 91905	30-Jan-96	658-090-51-00
4133	38709 ALTA VEGA RD , BOULEVARD 91905	3-Dec-95	658-090-52-00
3131	642 TIERRA DEL SOL RD , BOULEVARD 91905	21-Nov-89	658-081-06-00
3133	658 TIERRA DEL SOL RD , BOULEVARD 91905	29-Nov-89	658-081-05-00
4632	940 TIERRA DEL SOL RD , BOULEVARD 91905	30-Nov-83	658-090-36-00
8442	980 TIERRA DEL SOL RD , BOULEVARD 91905	8-Nov-77	658-090-34-00
8681	664 TIERRA DEL SOL RD , BOULEVARD 91905	13-Apr-86	658-081-04-00
9056	940 TIERRA DEL SOL RD , BOULEVARD 91905	22-Apr-86	658-090-36-00
10598	961 TIERRA DE LUNA RD , BOULEVARD 91905		658-090-26-00
8418	928 TIERRA DE LUNA RD , BOULEVARD 91905	31-Aug-87	658-080-53-00
14797	38511 ALTA VEGA RD , BOULEVARD 91905	22-Oct-00	658-090-50-00
14727	TIERRA DEL SOL RD , BOULEVARD 91905	14-Nov-02	658-090-18-00
12025	876 TIERRA DEL SOL RD , BOULEVARD 91905	22-Sep-80	658-090-38-00
5337	872 TIERRA DEL SOL RD , BOULEVARD 91905	13-Mar-96	658-090-19-00
645	873 TIERRA DEL SOL RD , BOULEVARD 91905	9-Aug-94	658-090-23-00
10399	38511 ALTA VEGA RD , BOULEVARD 91905	13-Mar-90	658-090-50-00
10956	965 TIERRA DE LUNA RD , BOULEVARD 91905	21-Jun-82	658-090-27-00
18495	38709 ALTA VEGA ROAD, BOULEVARD, CA 91931	3-Sep-07	658-090-52-00
19614	639 TIERRA DEL SOL RD, BOULEVARD PRIOR ,	31-Mar-08	658-081-07-00
19019	38093 MOON VALLEY RD, TIERRA DEL SOL	15-Jan-08	658-090-24-00

On-Site Wells

2157	805 TIERRA DEL SOL RD , BOULEVARD 91905	30-Sep-78	658-090-31-00
15698	805 TIERRA DEL SOL RD. BOULVARD 91905	2-Dec-03	658-090-31-00
Well A			
Well B			

X	Y	DTB	INIT_DTW	FINAL_DTW	WELL YIELD	RESIDUUM	DATE
6536738.471	1802265.19	500				10 0 to 35	
6543098.688	1803360.82						
6537722.749	1803393.75						
6535518.699	1802578.37						
6537701.791	1803889.44						
6537943.528	1802340.73						
6537943.528	1802340.73						
6541252.206	1803251.75	300		12		15 0 to 36	2/3/1996
6541729.587	1803255.72	620				3 0 to 10	12/13/1995
6535511.238	1800354.94	220	51	30		18 0 to 48	11/26/1989
6535511.027	1800705.61	260	80	25		16 0 to 18	11/22/1989
6539382.695	1802796.92	150	40	15		20 0 to 60	12/4/1983
6539333.782	1804140.15						
6535510.854	1801052.73	230	140	50		9 0 to 96	4/16/1986
6539382.695	1802796.92	245	150	30		7 0 to 62	4/26/1986
6536263.826	1803139.65						
6535519.079	1801909.11	375	150	30		5.5 0 to 30	9/4/1987
6540517.873	1803365.29						
6537943.528	1802340.73						
6538441.867	1801950.17	110	55	55		20 0 to 55	11/10/1980
6538129.786	1801953.58	500				5 0 to 5	3/30/1996
6542074.996	1801932.45	177				18 0 to 36	8/6/1994
6540517.873	1803365.29						
6537109.182	1803145.32						
6541729.587	1803255.72	700				8 0 to 25	9/10/2007
6535697.248	1799640.14	170	80	70		6 0 to 20	12/19/1975
6537051.826	1803715.97					9.5	
		326					
16 well logs							
6538478.209	1800927.68	520	286	200		5 0 to 11	10/4/1978
6538478.209	1800927.68	800				3 0 to 18	12/15/2003
		1000	48.45	61.3		1.8 0 to 50	4/4/2012
		1311	29.45	44.9		75 0 to 11	4/25/2012

NOTES

2 hour lift test

1 hour lift test

1 hour lift test

4 hour test

4 hour test

2 hour lift test

3 hour lift test

3 hour lift test

15 minute lift test, 3 ft drawdown

2 hour lift test

R. Lewis

058-081-07

WATER WELL DRILLERS REPORT #19614

State Well No. _____
Other Well No. _____

(1) OWNER:

Name Marion Milford
Address 1663 Borchers St.
Chula Vista Calif 92010

(2) LOCATION OF WELL:
County San Diego Owner's number, if any _____
Township, Range, and Section Sec 14 T5 R6 E
Distance from cities, roads, railroads, etc. Ph 420-9432

(3) TYPE OF WORK (Check):
New Well Deepening Reconditioning Destroying
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):
Domestic Industrial Municipal
Irrigation Test Well Other
(5) EQUIPMENT:
Rotary Air
Cable
Other

(6) CASING INSTALLED:

STEEL:		OTHER:		If gravel packed			
From ft.	To ft.	Diam.	Gage or Wall	Diameter of Bore	From ft.	To ft.	
0	214	6 5/8	188				

Size of shoe or well ring: _____ Size of gravel: _____
Describe joint _____

(7) PERFORATIONS OR SCREEN:
Type of perforation or name of screen

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.

(8) CONSTRUCTION:
Was a surface sanitary seal provided? Yes No To what depth 21 ft.
Were any strata sealed against pollution? Yes No If yes, note depth of strata From 0 ft. to 20 ft.
From _____ ft. to _____ ft.
Method of sealing Cement

(9) WATER LEVELS:
Depth at which water was first found, if known 80 ft.
Standing level before perforating, if known _____ ft.
Standing level after perforating and developing 70 ft.

(10) WELL TESTS:
Was pump test made? Yes No If yes, by whom? R. O. Harris Driller
Yield: 6 gal/min. with Not known ft. drawdown after _____ hrs.
Temperature of water _____ Was a chemical analysis made? Yes No
Was electric log made of well? Yes No If yes, attach copy

(11) WELL LOG:

Total depth 170 ft. Depth of completed well _____ ft.
Formation: Describe by color, character, size of material and structure ft. to ft.
0 1 Top soil
1 20 D. S.
20 60 Medium granite Brown
60 170 Hard white Granite

Work started 12-17 1975, Completed 12-19 1975
WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Reo Const Inc
(Person, firm, or corporation) (Typed or printed)
Address Star Rt 2 BN 20
[Signed] R. O. Harris
(Well Driller)
License No. 271466 Dated 12-21, 1975

WELL 19614

Milford, Marion

SKETCH LOCATION OF WELL ON REVERSE SIDE
OVER



**COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
WELL PERMIT APPLICATION**

DEH USE ONLY
PERMIT # LWEL 18495
WELL COMPUTER #
FEE: 444
WATER DIST: _____

1. Property Owner: Michelle Greenfield 619-^{WK}584-7908
38709 Alta Vega Boulevard Ca. 91931
Mailing Address City Zip
2. Well Location - Assessors Parcel Number 658-090-52
38709 Alta Vista Rd Boulevard Ca 91931
Site Address City Zip
3. Well Contractor - Well Driller Frank Company Name: Frank's Drilling
PO Box 310153 Guatay Ca. 91931
Mailing Address City Zip
- Phone#: 619 445-8731 C-57#: 437700 Cash Deposit Bond Posted
4. Use: Private Public Industrial Cathodic Other _____
5. Type of Work: New Reconstruction Destruction Time Extension: 1st 2nd
6. Type of Equipment: Air Rotary
7. Depth of Well: Proposed: 1000 Existing: 0
8. Proposed:

Casing	Conductor Casing	Filter/Filler Material	Perforations
Type: <u>Steel</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Depth: <u>20</u>	Depth: _____ ft.	From: _____ To: _____	From: _____ To: _____
Diameter <u>6 1/2</u> in.	Diameter <u>12</u> in.	Type: _____	From: _____ To: _____
Wall/Gauge: <u>156</u>	Wall/Gauge: _____	Wall/Gauge: _____	From: _____ To: _____

9. Annular Seal: Depth: 20 ft. Sealing Material: Bentonite clay
 Borehole diameter: 6 1/2 in. Conductor diameter: 12 in. Annular Thickness 2 in.
10. Date of Work: Start: 9/4/07 Complete: _____

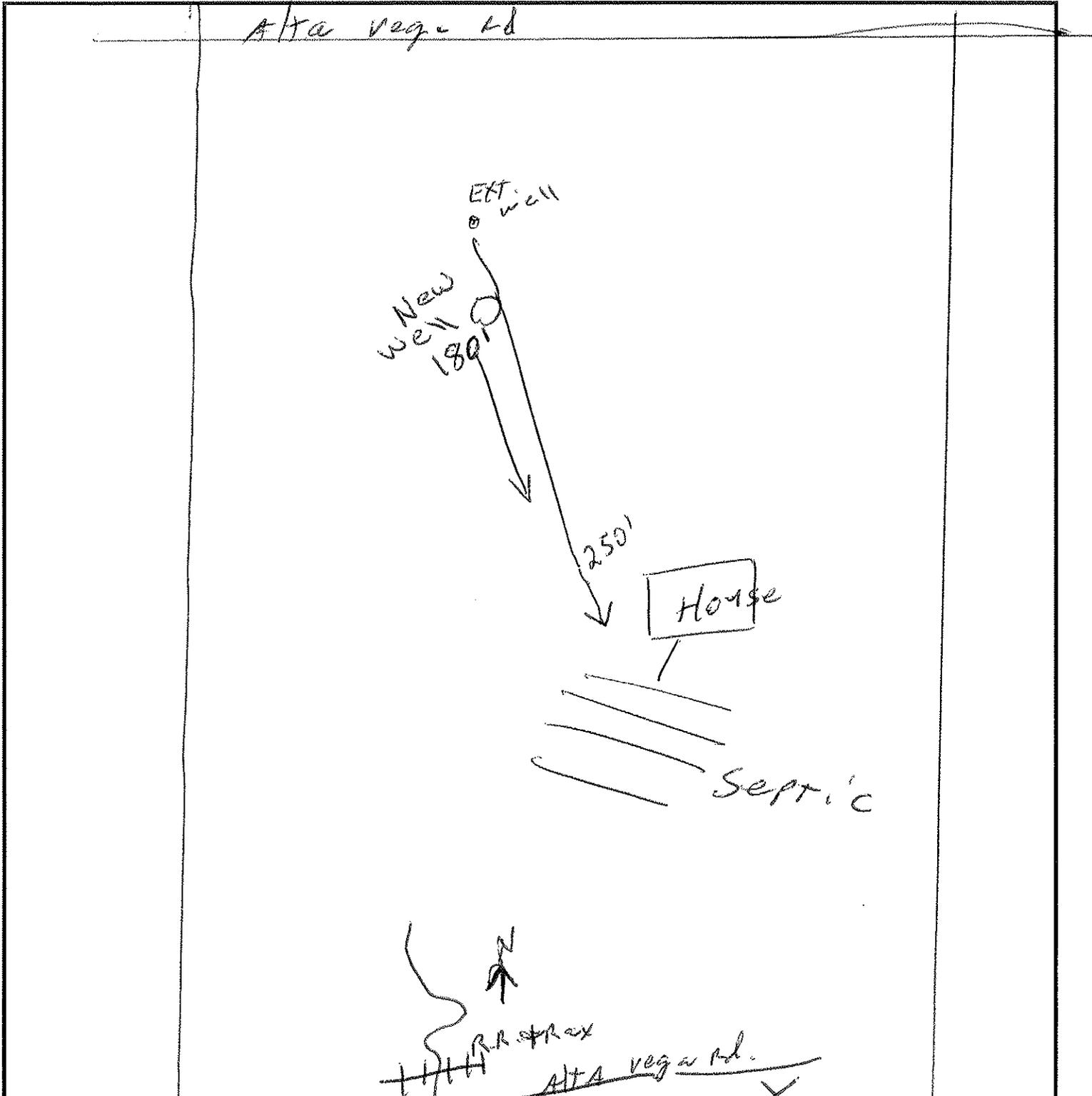
On sites served by public water, contact the local water agency for meter protection requirements.
 I hereby agree to comply with all regulations of the Department of Environmental Health, and with all ordinances and laws of the County of San Diego and the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work, I will furnish the Department of Environmental Health with a complete and accurate log of the well. I accept responsibility for all work done as part of this permit and all work will be performed under my direct supervision.

Contractor's Signature: [Signature] Date: 9/4/07

DISPOSITION OF APPLICATION (Department of Environmental Health Use only)
 Approved Denied Special Conditions: Grading and clearing associated with access to, or the construction, maintenance or destruction of water wells, may require additional permits from the County of San Diego and/or other agencies. call for well growth seal inspection
 Specialist: Aergeri Man Date: 9-12-07

LOCATION

Indicate below the vicinity and exact location of well with respect to the following items: Property lines, water bodies or water courses, drainage pattern, easements, roads, existing wells, sewers and private sewage disposal systems and other potential contamination sources, including dimensions.



LW9618495

ORIGINAL
 File with DWR
 Page 1 of 1
 Owner's Well No. 1
 Date Work Began 12 September 2007 / Ended 18 September 2007
 Local Permit Agency San Diego County environmental Health
 Permit No. LWEL 18495 Permit Date 04 September 2007

STATE OF CALIFORNIA
WELL COMPLETION REPORT

No. ED 17880

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APPLICATOR

GEOLOGIC LOG		
ORIENTATION <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE _____ (SPECIFY)		
DRILLING METHOD <u>Air Rotary</u> FLUID <u>Water</u>		
DEPTH FROM SURFACE		DESCRIPTION
FL	to	FL
0	2	Top Soil
2	25	Broken DG and sand
26	290	black & white granite with sand fractures
295	485	Black & White granite & 2 GPM
486	660	Salt & Pepper Granite FRACTURES & 3 gpm
661	700	salt & pepper granite & fractures 8 gpm
Well Produces 8 gpm		
N 32' 36 526		
W 116' 18 487		
TOTAL DEPTH OF BORING <u>700</u> (Feet)		
TOTAL DEPTH OF COMPLETED WELL <u>700</u> (Feet)		

WELL OWNER

Name Michelle Greenfield

Mailing Address 38709 Alta Vega Rd
Boulevard, Ca 91905

CITY _____ STATE _____ ZIP _____

WELL LOCATION

Address 38709 Alta Vega Rd.

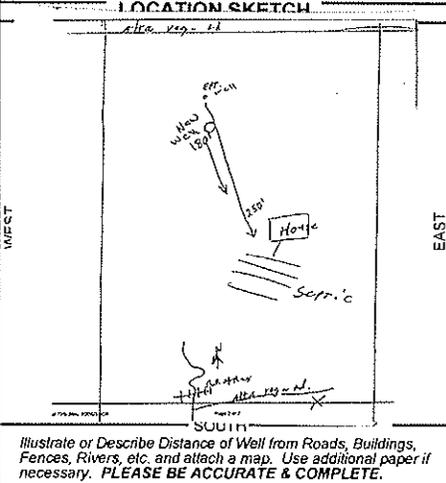
City Boulevard Ca 91905

County San Diego Ca

APN Book 658 Page 090 Parcel 52-00

Township 17s Range 6 E Section _____

Latitude _____ NORTH Longitude _____ WEST



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

SPARGING

REMEDIATION

OTHER (SPECIFY) _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH OF STATIC WATER LEVEL UNK (Ft.) & DATE MEASURED 9-10-07

ESTIMATED YIELD 8 gpm (GPM) & TEST TYPE Air lift

TEST LENGTH 2 (Hrs.) TOTAL DRAWDOWN Unk (Ft.)

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

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING (S)							
		TYPE <input checked="" type="checkbox"/>				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
Ft. to Ft.		BLANK	SCREEN	CONDUCTOR	FILL PIPE				
0	20	X				Steel	6.5	.156	
20	700					PVC	4"	SDR 121	.040

DEPTH FROM SURFACE	ANNULAR MATERIAL			
	TYPE			
Ft. to Ft.	CE-MENT <input checked="" type="checkbox"/>	BEN-TONITE <input checked="" type="checkbox"/>	FILL <input checked="" type="checkbox"/>	FILTER PACK (TYPE/SIZE)
0	20	X	X	
0	1000			5/16 well rock

ATTACHMENTS

Geologic Log

Well Construction Diagram

Geophysical Log(s)

Soil/Water Chemical Analysis

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 Franks Well Drilling
 (PERSON, FIRM, OR CORPORATION)

ADDRESS P.O Box 310153 Guatay Ca 91931

Signed Maura Pappert 9/3/08
 WELL DRILLER / AUTHORIZED REPRESENTATIVE DATE SIGNED

437700
 C-57 LICENSE NUMBER



County of San Diego

STORMWATER & DISCHARGE MANAGEMENT PLAN FOR WATER WELLS

This form must be submitted with all Well Permit Applications

Department Use Only

Well Permit Application Number: <u>18495</u>	Assessor's Parcel Number: <u>658-090-52</u>
--	---

SECTION 1. Required Information from Contractor or Consultant:

Longitude & Latitude: _____	How obtained?	GPS	Map	Other
1. Are there any watercourses or water bodies within 50 feet of the limits of soil disturbance?		YES		NO
2. Does the plat show the project boundaries? (A "detail inset" is acceptable for a large parcel or lot).		YES		NO
3. Does the plat show footprints of any existing structures and facilities within 100 feet of the wellhead position?		YES		NO
4. Does the plat show locations where run-off may enter stormdrains, drainage courses and/or receiving waters?		YES		NO
5. Is grading required to access site or install well?		YES		NO
6. Does the project conform to the local grading ordinance?		YES		NO
7. Will drilling additives be used to drill the well?		YES		NO
8. Are the Best Management Practices attached to this permit application?		YES		NO

SECTION 2. Best Management Practices

The goal of stormwater and discharge control management planning while drilling and installing wells is to reduce pollution to the maximum extent practicable using Best Management Practices (BMPs). Construction related materials, sediments, chemical residues such as drilling foam, wastes, and spills must be retained within the property boundaries to eliminate transport from the site to nearby streets, drainage courses, receiving waters and adjacent properties. It is the responsibility of the property owner and the contractor to determine which BMPs will be used in order to ensure that all contaminants are retained on-site.

Examples of Best Management Practices to contain well installation run-off include, but are not limited to, installation of a sediment basin to contain run-off, using geotextile fabric to contain sediments and drilling mud, or eliminating the use of drilling foam. (Website information is available at www.projectcleanwater.org)

SECTION 3. Certification

have read and understand the following: *(Please check each box after concurrence.)*

- Selected BMP's will be implemented so that water quality is not negatively impacted by well construction activities.
- I am aware the selected BMP's must be installed, maintained, monitored and revised as necessary so they are effective.
- I understand that non-compliance with the San Diego County Watershed Protection Ordinance may result in enforcement actions by the County. These may include fines, citations, stop-work orders, or other actions.
- DEH inspectors and personnel from other regulatory agencies are authorized to enter my property at any time for purposes associated with this well permit until such time the well is completed to the satisfaction of DEH.
- Should DEH determine during the field review that the well installation procedures contradict this Discharge Management Plan or the well permit application, the well drilling permit may be suspended or revoked. Further activity will require a new permit fee and amendment to the existing permit.

Contractor Frank Thdy Date _____

Property Owner Michelle Greenfield Date 9/4/07

Reviewed by DEH _____ Date _____



County of San Diego

DANIEL J. AVERA
DIRECTOR

El Cajon: (619) 441-4030
Ruffin Road: (619) 565-5173
San Marcos: (760) 471-0731

DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 85261, SAN DIEGO, CA 92186-5261
(619) 338-2222 FAX (619) 336-2377

200 E. Main St., 6th Floor, El Cajon, CA 92020
5201 Ruffin Road, San Diego, CA 92133
338 Via Vera Cruz, Suite 201, San Marcos, CA 92069

Owner: Michelle Greenfield Site Address: Summit
38709 Alta Vega Rd.
Boulevard CA 91931

Dear Property Owner:

WELL PERMIT NUMBER WEL 18495 APN 658-090-572 WELL DRILLER Frank's

This letter is to inform you that a: Private Well Public Well Industrial Well
 Other: _____

has been approved for installation on your property. The following conditions of approval apply:

- Prior to use of this well as a drinking water source, analysis must be done to ensure compliance with State standards. No septic tank permit will be issued unless sampling and analysis is completed and approved by this Department and an approved well log is received from the well driller.
- Prior to use of this well as a public water supply, approval from the appropriate regulatory agency must be obtained. Contact this Department's small water system specialist at (619) 565-5173 for assistance.
- This well site is located in an area where groundwater is known to have high nitrate levels and/or high total dissolved solids (TDS). The completed well can only be used for irrigation purposes until it has been tested by a certified laboratory and approved as safe by this Department. Septic tanks and/or building permits will not be issued unless the well meets potable water standards.
- This well is not approved for potable use and shall not be interconnected with the existing potable water system. An approved backflow prevention device must be installed at the well head to protect the well from potential contamination.

If a public water supply is currently serving this property, you must contact your local water agency for water meter protection requirements. In addition, if the well is used for irrigation purposes where a chemical feed injection device is installed, an approved backflow device is required at the well head.

The well permit fee includes a provision for one water sample to be collected by this Department. Bacteriological analysis and nitrate screening tests will be performed. The sample will be taken for up to one year from the date of the well permit approval.

Should you have any questions, please contact one of the following field offices: El Cajon - (619) 441-4030; Ruffin Road - (619) 565-5173; or San Marcos (760) 471-0730.

Water District: None



**COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
WELL PERMIT APPLICATION**

DEH USE ONLY
PERMIT # WEL15698
WELL COMPUTER # _____
FEE: _____
WATER DIST: _____

1. Property Owner: Joe Brann Phone: _____
805 Sierra Del Sol Rd. Boleward 91905
Mailing Address City Zip

2. Well Location - Assessors Parcel Number 658-090-31
805 Sierra Del Sol Rd. Boleward 91905
Site Address City Zip

3. Well Contractor - Well Driller Frankie King Company Name: Frank's Drilling
P.O. Box 310153 Guatay 91931
Mailing Address City Zip

Phone#: 445-8131 C-57#: 4377006 Cash Deposit Bond Posted

4. Use: Private Public Industrial Cathodic Other _____

5. Type of Work: New Reconstruction Destruction Time Extension: 1st 2nd

6. Type of Equipment: Air

7. Depth of Well: Proposed: 200' - 1,000' Existing: _____

8. Proposed:

Casing	Conductor Casing	Filter/Filler Material	Perforations
Type: <u>Gal</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Depth: <u>20ft</u>	Depth: _____ ft.	From: _____ To: _____	From: _____ To: _____
Diameter: <u>7</u> in.	Diameter: _____ in.	Type: _____	From: _____ To: _____
Wall/Gauge: <u>156</u>	Wall/Gauge: _____	Wall/Gauge: _____	From: _____ To: _____

9. Annular Seal: Depth: 20ft ft. Sealing Material: Bentonite Clay
Borehole diameter: 12 in. Conductor diameter: _____ in. Annular Thickness 2 1/2 in.

10. Date of Work: Start: Dec. 2 2003 Complete: Jan 2 2004

On sites served by public water, contact the local water agency for meter protection requirements.
I hereby agree to comply with all regulations of the Department of Environmental Health, and with all ordinances and laws of the County of San Diego and the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work, I will furnish the Department of Environmental Health with a complete and accurate log of the well. I accept responsibility for all work done as part of this permit and all work will be performed under my direct supervision.

Contractor's Signature: [Signature] Date: Dec. 2 2003

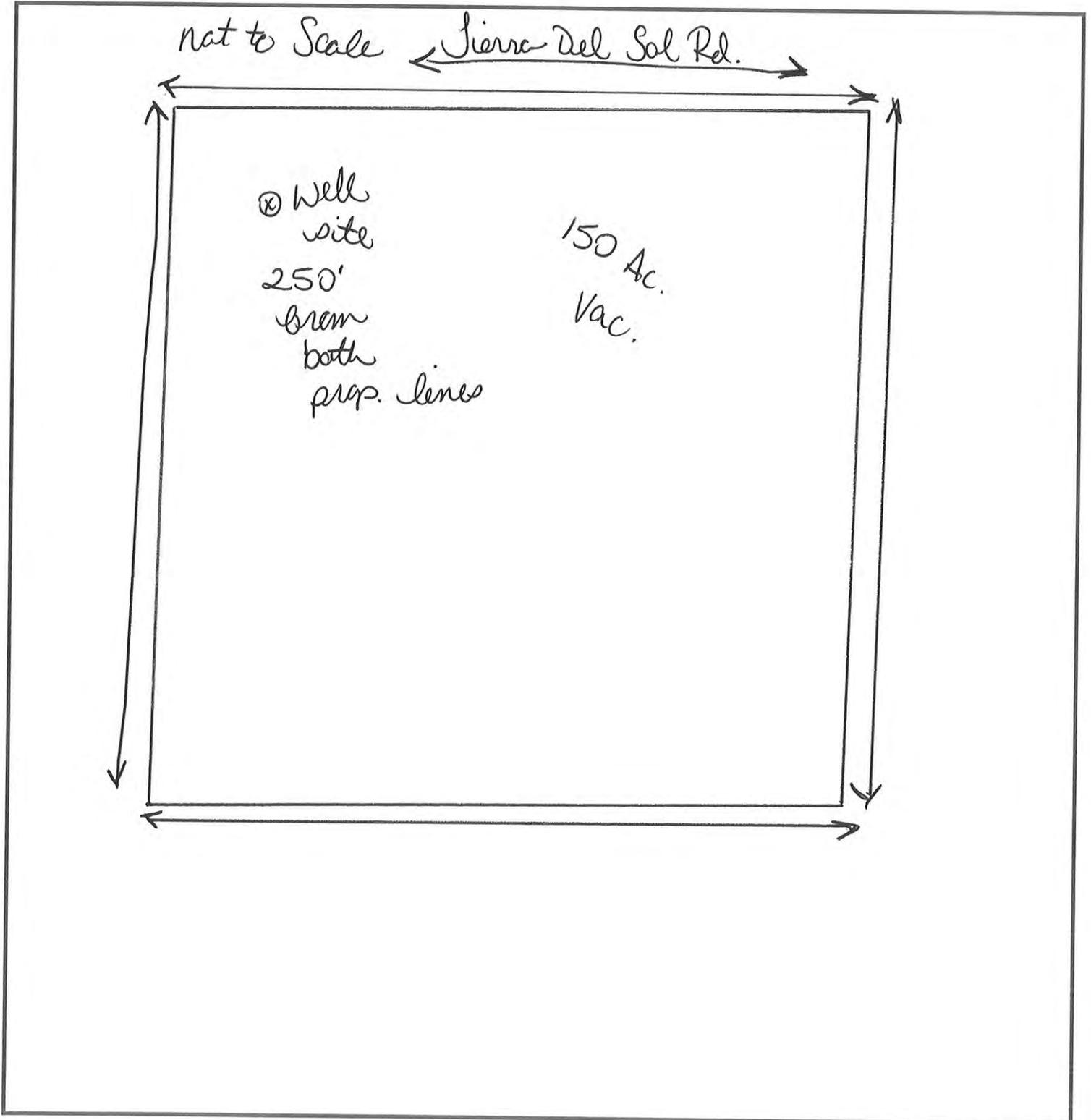
DISPOSITION OF APPLICATION (Department of Environmental Health Use only)

Approved **Denied** Special Conditions: Grading and clearing associated with access to, or the construction, maintenance or destruction of water wells, may require additional permits from the County of San Diego and/or other agencies.

Specialist: Danny O'Call Date: 12/03/03

LOCATION

Indicate below the vicinity and exact location of well with respect to the following items: Property lines, water bodies or water courses, drainage pattern, easements, roads, existing wells, sewers and private sewage disposal systems and other potential contamination sources, including dimensions.



ORIGINAL
File with DWR
Page 1 of 1

STATE OF CALIFORNIA
WELL COMPLETION REPORT
No. 771980

DWR USE ONLY		DO NOT FILL IN	
STATE WELL NO./STATION NO.			
LATITUDE		LONGITUDE	
APN/TRS/OTHER			

Owner's Well No. 1
Date Work Began 12-5-03, Ended 12-15-03
Local Permit Agency San Diego County Environmental Health
Permit No. LWEL 15698 Permit Date 12-3-03

GEOLOGIC LOG		
ORIENTATION <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE <input type="checkbox"/> (SPECIFY)		
DEPTH FROM SURFACE		DESCRIPTION
Fl.	to	Fl.
0-	8 ft.	Top Soil
8	18	Decomposed Granit W/gravel & rocks
30	800	Salt & Pepper Granite
		Fractures @ 120 ft.
		390 ft.
		450 ft.
		657 ft.
		789 ft.
		Water @ 120 ft.
		390 ft.
		450 ft.
		657 ft.
		789 ft.
39d P/M		
116.32003		
32.60947		
TOTAL DEPTH OF BORING <u>800</u> (Feet)		
TOTAL DEPTH OF COMPLETED WELL <u>800</u> (Feet)		

WELL OWNER	
Name <u>Joe Hector Brown</u>	
Mailing Address <u>805 Tierra Del Sol Rd</u>	
<u>Boulevard Ca 19105</u>	
CITY <u>Boulevard</u> STATE <u>CA</u> ZIP <u>92008</u>	
Address <u>Same as above</u>	WELL LOCATION
City <u>Boulevard</u>	
County <u>San Diego</u>	
APN Book <u>658</u> Page <u>090</u> Parcel <u>31-00</u>	
Township <u>18S</u> Range <u>6E</u> Section <u>12</u>	
Latitude <u>32.60947</u> NORTH Longitude <u>-116.32003</u> WEST	
LOCATION SKETCH	
Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.	

ACTIVITY <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> NEW WELL	
<input type="checkbox"/> MODIFICATION/REPAIR	
<input type="checkbox"/> Deepen	
<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> DESTROY (Describe Procedures and Materials Under 'GEOLOGIC LOG')	
PLANNED USES <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> WATER SUPPLY	
<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> PUBLIC	
<input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL	
<input type="checkbox"/> MONITORING	
<input type="checkbox"/> TEST WELL	
<input type="checkbox"/> CATHODIC PROTECTION	
<input type="checkbox"/> HEAT EXCHANGE	
<input type="checkbox"/> DIRECT PUSH	
<input type="checkbox"/> INJECTION	
<input type="checkbox"/> VAPOR EXTRACTION	
<input type="checkbox"/> SPARGING	
<input type="checkbox"/> REMEDIATION	
<input type="checkbox"/> OTHER (SPECIFY)	

WATER LEVEL & YIELD OF COMPLETED WELL	
DEPTH TO FIRST WATER <u>120</u> (Ft.) BELOW SURFACE	
DEPTH OF STATIC WATER LEVEL <u>Unk</u> (Ft.) & DATE MEASURED <u>11-30-03</u>	
ESTIMATED YIELD <u>3</u> (GPM) & TEST TYPE <u>Air Lift</u>	
TEST LENGTH <u>2</u> (Hrs.) TOTAL DRAWDOWN <u>Unk</u> (Ft.)	

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING (S)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)
		TYPE <input checked="" type="checkbox"/>							
Ft.	to	BLANK	SCREEN	CON-DUCTOR	FILL PIPE				
0	20	X		X		ASTM 53 B		.156	
0	800								

DEPTH FROM SURFACE	ANNULAR MATERIAL				
	TYPE				
Ft.	to	CE-MENT <input checked="" type="checkbox"/>	BEN-TONITE <input checked="" type="checkbox"/>	FILL <input checked="" type="checkbox"/>	FILTER PACK (TYPE/SIZE)
0	20 ft.	X	X		

ATTACHMENTS <input checked="" type="checkbox"/>
<input type="checkbox"/> Geologic Log
<input type="checkbox"/> Well Construction Diagram
<input type="checkbox"/> Geophysical Log(s)
<input type="checkbox"/> Soil/Water Chemical Analysis
<input type="checkbox"/> 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 <u>Franks' Well Drilling</u>	(PERSON, FIRM, OR CORPORATION)
P.O. Box <u>310153</u> Guatay Ca <u>91931</u>	ADDRESS
Signed <u>Frank J. Franks</u>	DATE SIGNED <u>5-13-04</u>
WELL DRILLER / AUTHORIZED REPRESENTATIVE	C57-437700 C-57 LICENSE NUMBER

Lwel 15149



COUNTY OF SAN DIEGO DEPARTMENT OF ENVIRONMENTAL HEALTH WELL PERMIT APPLICATION

DEH USE ONLY PERMIT # W WELL COMPUTER # FEE: WATER DIST:

1. Property Owner: Karla Jenkins Phone: 658-260-1231 P.O. Box 1998 Lakeside, CA 92040

2. Well Location - Assessors Parcel Number 658-090-05 Tierra De Luna Blvd 91905

3. Well Contractor - Well Driller Shannon Dierker Company Name: Franks Well Drilling P.O. Box 310153 Guatay 91931

Phone#: (619) 445-8731 C-57#: Cash Deposit Bond Posted

4. Use: Private Public Industrial Cathodic Other

5. Type of Work: New Reconstruction Destruction Time Extension: 1st 2nd

6. Type of Equipment: Drill B/g

7. Depth of Well: Proposed: 200 - 1000 Existing:

8. Proposed: Casing Conductor Casing Filter/Filler Material Perforations Type: Steel Depth: 20 min Diameter 7 in. Wall/Gauge: .156

9. Annular Seal: Depth: 20 min ft. Sealing Material: Bent. Cement Borehole diameter: 12 in. Conductor diameter: Annular Thickness 2.5 in.

10. Date of Work: Start: 1-28-03 Complete: 1-28-04

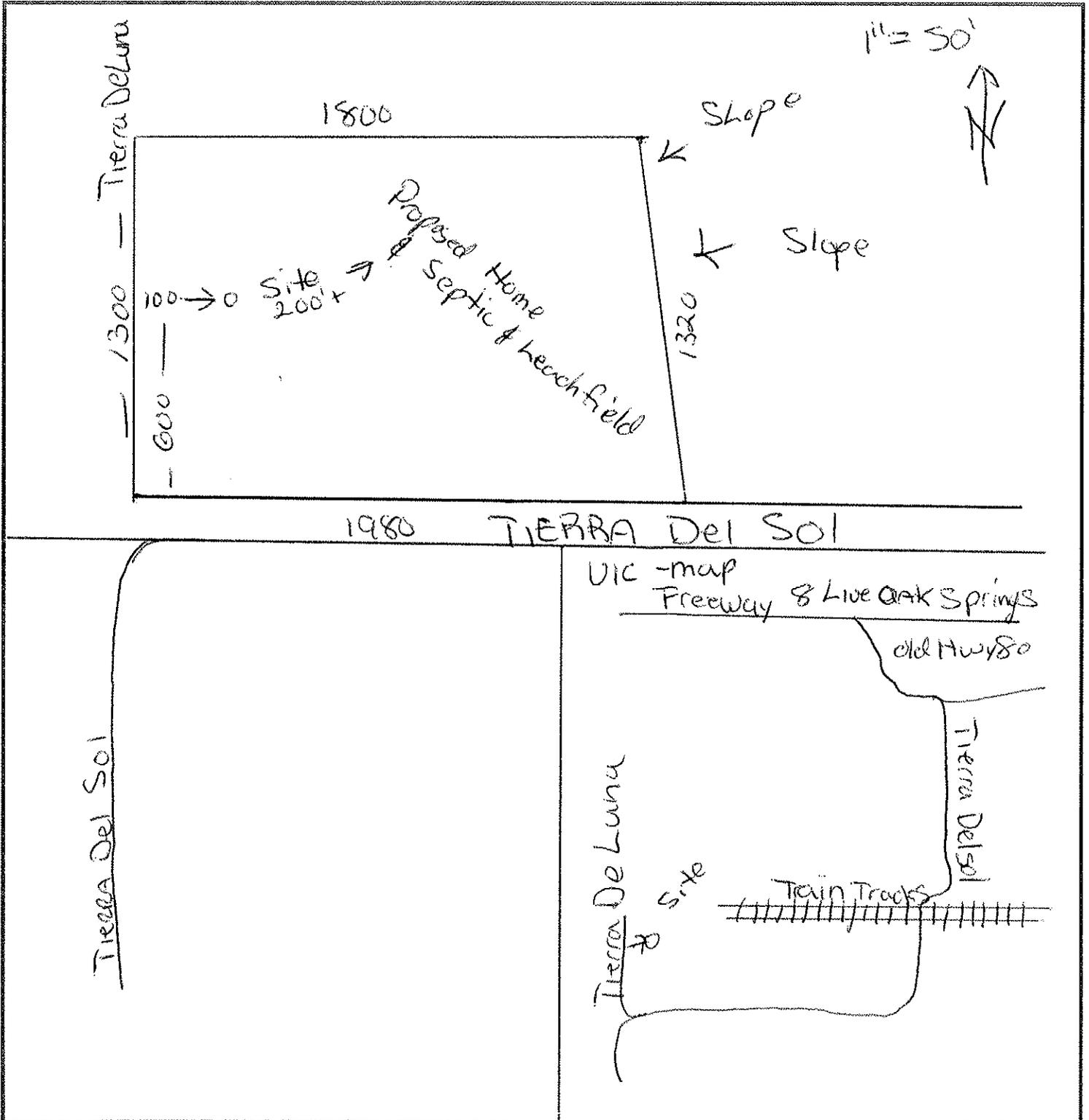
On sites served by public water, contact the local water agency for meter protection requirements. I hereby agree to comply with all regulations of the Department of Environmental Health, and with all ordinances and laws of the County of San Diego and the State of California pertaining to well construction, repair, modification and destruction.

Contractor's Signature: Date:

DISPOSITION OF APPLICATION (Department of Environmental Health Use only) Approved Denied Special Conditions: Grading and clearing associated with access to, or the construction, maintenance or destruction of water wells, may require additional permits from the County of San Diego and/or other agencies. Specialist: Date: 1-24-03

LOCATION

Indicate below the vicinity and exact location of well with respect to the following items: Property lines, water bodies or water courses, drainage pattern, easements, roads, existing wells, sewers and private sewage disposal systems and other potential contamination sources, including dimensions.



15149

ORIGINAL
File with DWR
Page 1 of 1

STATE OF CALIFORNIA
WELL COMPLETION REPORT
No. 0905184

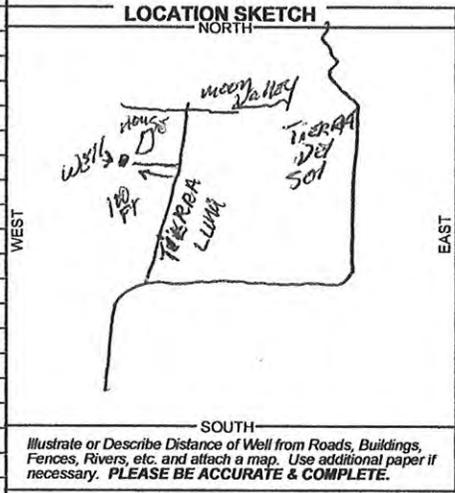
Owner's Well No. 1
Date Work Began 6-10-04 Ended 6-24-04
Local Permit Agency San Diego County Environmental Health
Permit No. 1WEL15149 Permit Date 1-24-05

DWR USE ONLY		DO NOT FILL IN	
STATE WELL NO./STATION NO.			
LATITUDE		LONGITUDE	
APN/TRS/OTHER			

GEOLOGIC LOG		
ORIENTATION (✓) <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE <input type="checkbox"/> (SPECIFY)		
DEPTH FROM SURFACE	DRILLING METHOD	FLUID
FL to FL	Air Rotary	Water
DESCRIPTION		
Describe material, grain size, color, etc.		
0	8	Top Soil
8	35	Broken Dg with rocks and sand
35	130	Salt and pepper granite with few fractures some gravel & 2 GPM
130	470	Salt and pepper granite
470	480	Salt and pepper granite with few fractures 8 GPM
480	500	Salt and pepper granite
Well Produces 10 GPM		

N 32° 36.682
W 116° 20.024

WELL OWNER		
Name	Kera Jenkins	
Mailing Address	909 Tierra Del Luna	
	Boulevard Ca 91905	
CITY	San Diego	STATE ZP
Address	Same	
City	Boulevard	
County	San Diego Ca	
APN Book	0558	Page 030
Parcel	05-00	
Township	18S	Range 6E
Section	14	
Latitude	Longitude	
DEG. MIN. SEC. NORTH	DEG. MIN. SEC. WEST	



ACTIVITY (✓)	
<input checked="" type="checkbox"/>	NEW WELL
MODIFICATION/REPAIR	
<input type="checkbox"/>	Deepen
<input type="checkbox"/>	Other (Specify)
DESTROY (Describe Procedures and Materials Under 'GEOLOGIC LOG')	
PLANNED USES (✓)	
WATER SUPPLY	
<input checked="" type="checkbox"/>	DOMESTIC
<input type="checkbox"/>	PUBLIC
<input type="checkbox"/>	IRRIGATION
<input type="checkbox"/>	INDUSTRIAL
MONITORING	
<input type="checkbox"/>	TEST WELL
<input type="checkbox"/>	CATHODIC PROTECTION
<input type="checkbox"/>	HEAT EXCHANGE
<input type="checkbox"/>	DIRECT PUSH
<input type="checkbox"/>	INJECTION
<input type="checkbox"/>	VAPOR EXTRACTION
<input type="checkbox"/>	SPARGING
<input type="checkbox"/>	REMEDIATION
<input type="checkbox"/>	OTHER (SPECIFY)

WATER LEVEL & YIELD OF COMPLETED WELL	
DEPTH TO FIRST WATER	130 (FL) BELOW SURFACE
DEPTH OF STATIC WATER LEVEL	Unkj (FL) & DATE MEASURED 6-24-04
ESTIMATED YIELD *	10 (GPM) & TEST TYPE Air lift
TEST LENGTH	2 (Hrs.) TOTAL DRAWDOWN Unkj (FL)

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

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING (S)							
		TYPE (✓)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GUAGE OR WALL THICKNESS				
Ft. to Ft.		BLANK	SCREEN	CON. DUCTOR	FILL PIPE				
0	40	12	X			Steel	6.5	.156	
40	500	6.5							
0	500					PVC	4"	SDR 21	.040

DEPTH FROM SURFACE	Ft. to Ft.	ANNULAR MATERIAL			
		CE-MENT (✓)	BEN-TONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)
0	40	X	X		
0	500				5/16 Well Rock

ATTACHMENTS (✓)

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analysis
- 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.

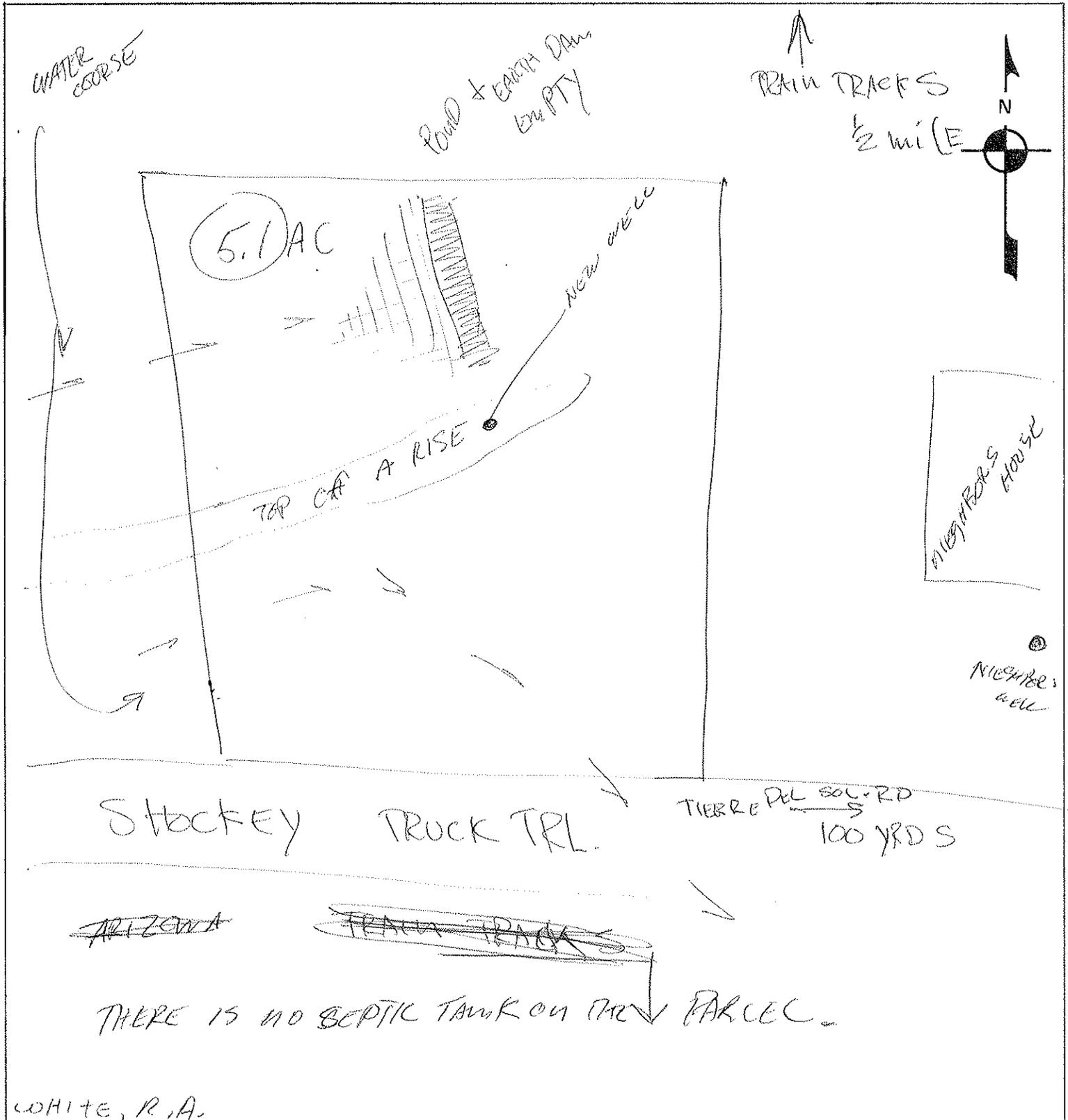
NAME Franks Well Drilling
(PERSON, FIRM, OR CORPORATION)
ADDRESS P.O Box 310153 Guatay Ca 91931

Signed [Signature] DATE SIGNED 2-20-05
WELL DRILLER / AUTHORIZED REPRESENTATIVE DATE SIGNED 437700
C-57 LICENSE NUMBER

Permit No. 658-090-33
Assessor's Parcel No. 08094

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

Do Not Fill In

State Well No. _____

Other Well No. _____

WATER WELL DRILLERS REPORT

<p>(1) OWNER: Name <u>RICHARD & KIT WHITE</u> Address <u>DIAMOND BAR</u></p>				<p>(11) WELL LOG: Total depth <u>110</u> ft. Depth of completed well <u>110</u> ft. Formation: Describe by color, character, size of material and structure ft. to ft.</p> <p><u>DECOMPOSED GRANITE FOR 55 FT</u> <u>PEGMATE DYKE FOR 20 FT</u> <u>BLACK & WHITE GRANITE FOR 35 FT</u></p>																																		
<p>(2) LOCATION OF WELL: Owner's number, if any County <u>SD</u> Township, Range, and Section Distance from cities, roads, railroads, etc. <u>6 MILES WEST OF BLDG. 1/4 MILE SOUTH OF RR. ON SHOCKY TRAIL.</u></p>																																						
<p>(3) TYPE OF WORK (Check): New Well <input checked="" type="checkbox"/> Deepening <input type="checkbox"/> Reconditioning <input type="checkbox"/> Destroying <input type="checkbox"/> If destruction, describe material and procedure in Item 11.</p>																																						
<p>(4) PROPOSED USE (check): Domestic <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Test Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>(5) EQUIPMENT: Rotary <input type="checkbox"/> Cable <input type="checkbox"/> Other <input type="checkbox"/></p>																																				
<p>(6) CASING INSTALLED: STEEL: <input checked="" type="checkbox"/> OTHER: _____ SINGLE <input checked="" type="checkbox"/> DOUBLE <input type="checkbox"/></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>From ft.</th> <th>To ft.</th> <th>Diam.</th> <th>Gage of Wall</th> <th>Diameter of Bore</th> <th>From ft.</th> <th>To ft.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		From ft.	To ft.					Diam.	Gage of Wall	Diameter of Bore	From ft.	To ft.																										
From ft.	To ft.	Diam.	Gage of Wall	Diameter of Bore	From ft.	To ft.																																
<p>Size of shoe or well ring: Describe joint <u>WELD</u></p>		<p>Size of gravel:</p>																																				
<p>(7) PERFORATIONS OR SCREEN: Type of perforation or name of screen</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>From ft.</th> <th>To ft.</th> <th>Perf. per row</th> <th>Rows per ft.</th> <th>Size in. x in.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.																										
From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.																																		
<p>(8) CONSTRUCTION: Was a surface sanitary seal provided? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> To what depth <u>16</u> ft. Were any strata sealed against pollution? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, note depth of strata From ft. to ft. From ft. to ft.</p>																																						
<p>Method of sealing</p>																																						
<p>(9) WATER LEVELS: Depth at which water was first found, if known <u>55</u> ft. Standing level before perforating, if known _____ ft. Standing level after perforating and developing <u>55</u> ft.</p>																																						
<p>(10) WELL TESTS: Was pump test made? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, by whom? Yield: <u>20</u> gal/min. with <u>3</u> ft. drawdown after <u>4</u> hrs. Temperature of water _____ Was a chemical analysis made? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was electric log made of well? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach copy</p>																																						
<p>Work started <u>OCT 1</u> 19<u>80</u>, Completed <u>NOV 10</u> 19<u>80</u></p>																																						
<p>WELL DRILLER'S STATEMENT: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. NAME <u>Ed Sumner</u> (Person, firm, or corporation) (Typed or printed) Address <u>STAR RTE BOX 5</u> <u>BOULEVARD CALIF. 92005</u> [Signed] <u>Ed Sumner</u> (Well Driller) License No. <u>342329</u> Dated <u>NOV. 12</u>, 19<u>80</u></p>																																						

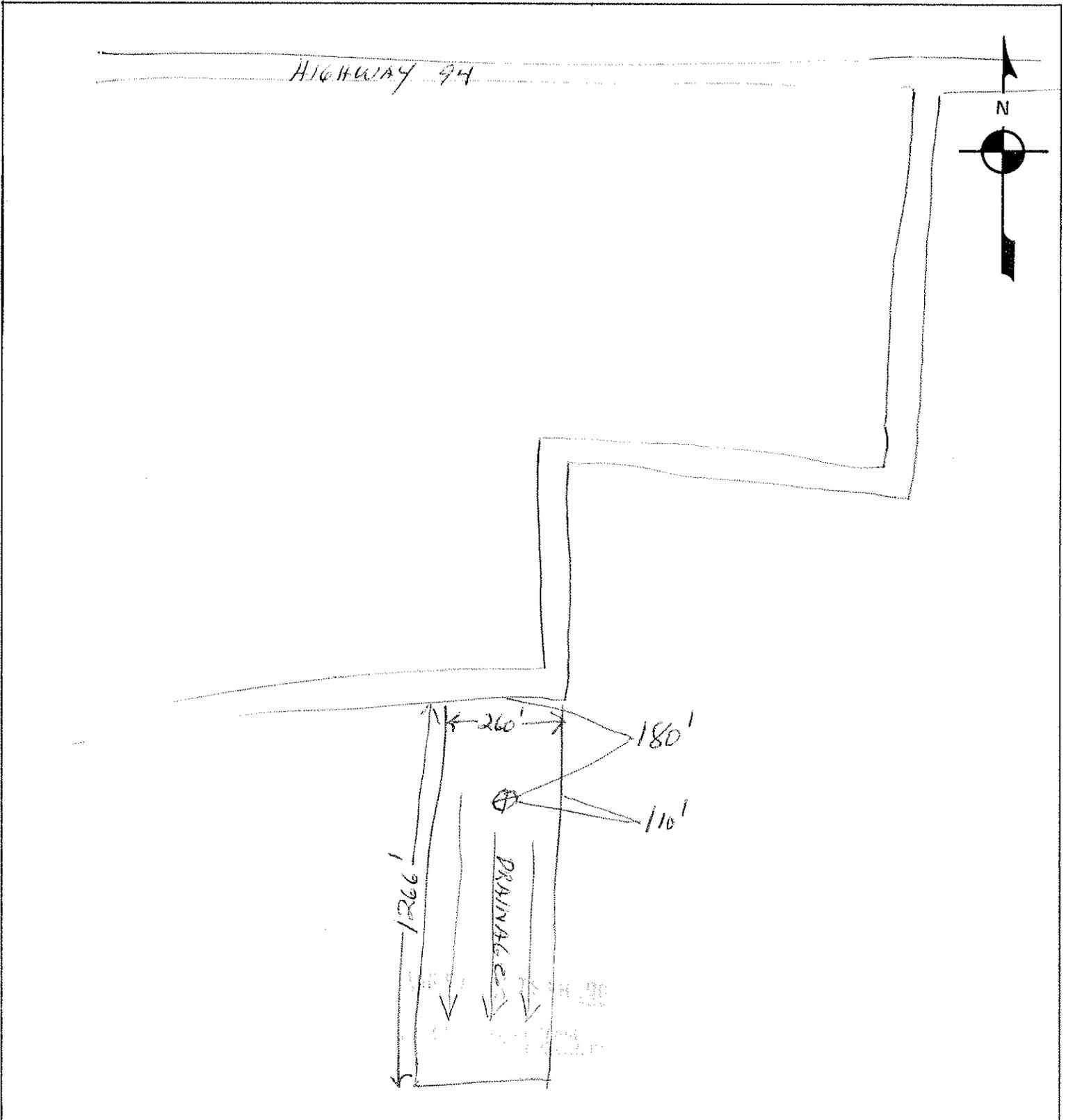
SKETCH LOCATION OF WELL ON REVERSE SIDE

Permit No. W000791

Assessor's Parcel No. 658-080-07

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



PERKINS
W00791

658 081 07

FIRST CARBON COPY

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

Notice of Intent No. _____
Local Permit No. or Date _____

WATER WELL DRILLERS REPORT
(INSERT under ORIGINAL PAGE w/carbon of State Form)

State Well No. _____
Other Well No. _____

(1) OWNER: Name Theodore Perkins
Address 940 Tierra Del Sol Rd
City Boulevard CA Zip 92005

(12) WELL LOG: Total depth 245 ft. Depth of completed well 245 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):
County SAN DIEGO Owner's Well Number _____
Well address if different from above _____
Township _____ Range _____ Section _____
Distance from cities, roads, railroads, fences, etc. 5 mi S. of Hwy 94
ON TIERRA DEL SOL ROAD

0 - 61 Hard decomposed Granite
69 - 6 1/2 Fracture - Blackish to Rust + Talc - Coarse
65 - 150 Salt + pepper Granite
150 - 155 Fracture - Dark Green Color - Coarse
155 - 195 Salt + pepper - numerous small Fractures
195 - 200 Large seam greenish Brown Color
200 - 245 Salt + pepper numerous Fractures

DEPARTMENT USE ONLY
Completed Well Construction:
Date 6-19-86
Date Inspected 4-26-86
Comments Annular Seal installed
Water Sample Taken? no
Sanitarian's Approval: [Signature]

(3) TYPE OF WORK:
New Well Deepening
Reconstruction
Reconditioning
Horizontal Well
Destruction (Describe destruction materials and procedures in Item (2))
(4) PROPOSED USE:
Domestic
Irrigation
Industrial
Test Well
Stock
Municipal
Other

WATER STRATA
150-155 = 1 Gpm
195-245 = 6 Gpm
TOTAL = 7 Gpm

(5) Equipment:
Rotary Reverse
Cable Air
Other Bucket

(6) Gravel Pack:
Yes No Size _____
Diameter of above _____
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
<u>0</u>	<u>20</u>	<u>6 5/8</u>	<u>154</u>			

(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 _____

Work started 4-23 19 86 Completed 4-26 19 86

(10) WATER LEVELS:
Depth of first water, if known 150 ft.
Standing level after well completion 30 ft.

WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? Quality Drilling
Type of test Pump Bailer Air lift
Depth to water at start of test 65 ft. At end of test 50 ft.
Discharge 7 gal/min after 3 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 EL. Pennick - Quality Drilling
(Person, firm, or corporation) (Typed or printed)
Address 41684 Old Hwy 80
City Boulevard CA Zip 92005
License No. 342329 Date of this report 5-3-86

8681

<p>TYPE OF WORK (Check)</p> <p>New Well <input checked="" type="checkbox"/></p> <p>Repair or Modification <input type="checkbox"/></p> <p>Time Extension <input type="checkbox"/></p> <p>Destruction <input type="checkbox"/></p>	<p>USE (Check)</p> <p>Individual Domestic <input checked="" type="checkbox"/></p> <p>Agricultural <input type="checkbox"/> Community <input type="checkbox"/></p> <p>Industrial <input type="checkbox"/> Other _____</p>	<p>EQUIPMENT (Check)</p> <p>Rotary <input checked="" type="checkbox"/></p> <p>Cable Tool <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>PROPOSED WELL DEPTH</p> <p>Max. _____ Min. _____ (Feet)</p>	<p>PROPOSED CASING</p> <p>Type <u>Steel</u> Depth <u>20'</u> Diameter <u>6 1/8"</u> Wall or Gage <u>154</u></p>	
<p>PROPOSED SEALING ZONE(S)</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p>	<p>SEALING MATERIAL (Check)</p> <p>Neat Cement Grout <input checked="" type="checkbox"/> Bentonite Clay <input type="checkbox"/></p> <p>Sand Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/></p> <p>Other-Specify: _____</p>	
<p>PROPOSED PERFORATIONS OR SCREEN</p> <p>From _____ to _____ Feet</p>	<p>DATE OF WORK</p> <p>Start <u>4-18-86</u></p> <p>Completion <u>4-20-86</u></p>	
<p>NAME OF WELL OWNER</p> <p><u>Georgina O'Rand</u></p>	<p>NAME OF WELL DRILLER</p> <p><u>Bell Moffett</u></p>	
<p>LOCATION OF WELL <u>666 Tierras del Sol Rd.</u></p> <p><u>956 Tierras del Sol Rd.</u></p>	<p>COMPANY</p> <p><u>E.L. Runnels Quality Drilling</u></p>	
<p>DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)</p> <p><input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p><input type="checkbox"/> APPROVED WITH CONDITIONS</p> <p>Report Reason(s) for Denial or Necessary Conditions Here:</p> <p>_____</p>	<p>BUSINESS ADDRESS</p> <p><u>STAV RITE BOX 5 BOULVARD CA 92005</u></p>	
<p>HEALTH OFFICER</p> <p><u>[Signature]</u></p> <p>DATE <u>4-14-86</u></p>	<p>LICENSE NUMBER</p> <p><u>312329</u></p>	<p>Cash Deposit <input checked="" type="checkbox"/></p> <p>Bond Posted <input type="checkbox"/></p> <p><u>\$75.00</u> Fee paid on <u>4-14-86</u></p>
<p>HEALTH OFFICER</p> <p><u>[Signature]</u></p> <p>DATE _____</p>	<p>I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction; repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well.</p> <p>APPLICANT'S SIGNATURE</p> <p><u>[Signature]</u></p> <p>DATE _____</p>	

1898 8681 WCM

058-080-28

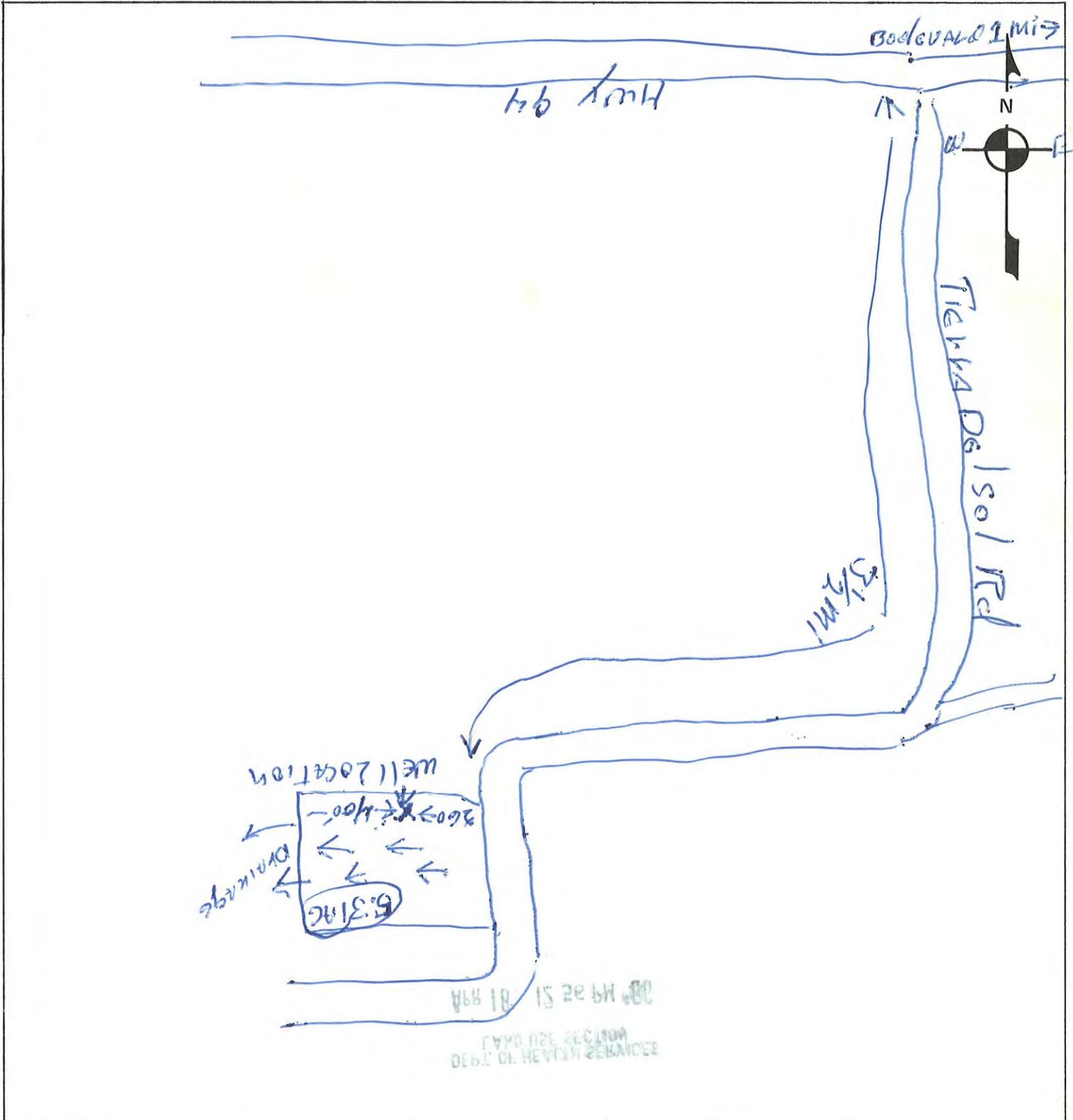
058RD

Permit No. W007666

Assessor's Parcel No. 658-081-04

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



FIRST CARBON COPY

COUNTY OF SAN DIEGO

659 081 04

DEPARTMENT OF HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

WATER WELL DRILLERS REPORT

Notice of Intent No. _____

State Well No. _____

Local Permit No. or Date _____

(INSERT under ORIGINAL PAGE w/carbon of State Form)

Other Well No. _____

(1) OWNER: Name George + Janice Ogard
Address 1622 HST
City Chula Vista Zip 92010

(12) WELL LOG: Total depth _____ ft. Depth of completed well _____ ft.
from ft. to ft. Formation (Describe by color, character, size or material)
0 - 96 medium hard decomposed Granite
96 - 110 fracture black + gray granite w/ orange
110 - 143 Gray Granite w/ small fractures + Tak
143 - 152 Fracture coarse brown formation
152 - 230 salt pepper granite numerous fractures

(2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number _____
Well address if different from above Tierra Del Sol Rd.
Township _____ Range _____ Section _____
Distance from cities, roads, railroads, fences, etc. 5 mi S of Hwy 94
on Tierra Del Sol Rd.

DEPARTMENT USE ONLY
Completed Well Construction:
Date 4-21-86
Date Inspected 6-19-86
Comments Annular seal not seen slab pond
Water Sample Taken? Yes
Sanitarian's Approval: K. L. Merrill

(3) TYPE OF WORK:
New Well Deepening
Reconstruction
Reconditioning
Horizontal Well
Destruction (Describe destruction materials and procedures in Item (2))
(4) PROPOSED USE:
Domestic
Irrigation
Industrial
Test Well
Stock
Municipal
Other

WATER STRATA
140 - 155 = 19 gpm
200 - 230 8 gpm
TOTAL 9 Gpm

(5) Equipment:
Rotary Reverse
Cable Air
Other Bucket

(6) Gravel Pack:
Yes No Size per
Diameter of above _____
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
<u>0</u>	<u>20</u>	<u>6 3/4</u>	<u>.156</u>			

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

Work started 4-19 19 86 Completed 4-21 19 86

(10) WATER LEVELS:
Depth of first water, if known 140' ft.
Standing level after well completion 50 ft.

WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? Qual. Drilling
Type of test Pump Bailer Air lift
Depth to water at start of test 50 ft. At end of test 50 ft.
Discharge 9 gal/min after 3 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 Bill Majors (Well Driller)
NAME E.L. Rannels - Quality Drilling
(Person, firm, or corporation) (Typed or printed)
Address 3741 K19 Box 5
City Boulevard, CA
License No. 342329 Date of this report 4-22-86

#8418

<p>TYPE OF WORK (Check)</p> <p>New Well <input checked="" type="checkbox"/></p> <p>Repair or Modification <input type="checkbox"/></p> <p>Time Extension <input type="checkbox"/></p> <p>Destruction <input type="checkbox"/></p>	<p>USE (Check)</p> <p>Individual Domestic <input checked="" type="checkbox"/></p> <p>Agricultural <input type="checkbox"/> Community <input type="checkbox"/></p> <p>Industrial <input type="checkbox"/> Other _____</p>	<p>EQUIPMENT (Check)</p> <p>Rotary <input checked="" type="checkbox"/></p> <p>Cable Tool <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>PROPOSED WELL DEPTH</p> <p>Max. <u>400</u> Min. <u>200</u> (Feet)</p>	<p>PROPOSED CASING</p> <p>Type <u>Steel</u> Depth <u>21'</u> Diameter <u>7"</u> Wall or Gage _____</p>	
<p>PROPOSED SEALING ZONE(S)</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>PROPOSED PERFORATIONS OR SCREEN</p> <p>From _____ to _____ Feet</p>	<p>SEALING MATERIAL (Check)</p> <p>Neat Cement Grout <input type="checkbox"/> Bentonite Clay <input type="checkbox"/></p> <p>Sand Cement Grout <input type="checkbox"/> Concrete <input checked="" type="checkbox"/></p> <p>Other-Specify: _____</p> <p>DATE OF WORK</p> <p>Start <u>9/3/87</u></p> <p>Completion <u>9/6/87</u></p>	
<p>NAME OF WELL OWNER <u>1269 Broadway #242</u> <u>MUNDWILER El Cajon 92021</u></p>	<p>NAME OF WELL DRILLER <u>Bud Morrison</u></p>	
<p>LOCATION OF WELL <u>PAR 658-080-53</u> <u>928 TIERRA DE LUNA, BOULEVARD</u></p>	<p>COMPANY <u>MORRISON DRILLING</u></p>	
<p>DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)</p> <p><input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p><input type="checkbox"/> APPROVED WITH CONDITIONS</p> <p>Report Reason(s) for Denial or Necessary Conditions Here:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>BUSINESS ADDRESS <u>P.O. Box 117, ALPINE, CA 92001</u></p>	
	<p>LICENSE NUMBER <u>297450</u></p>	<p>Cash Deposit <input type="checkbox"/></p> <p>Bond Posted <input checked="" type="checkbox"/></p>
<p>Fee paid on _____</p>		
<p>I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well.</p>		
<p><u>[Signature]</u> HEALTH OFFICER</p> <p><u>9/11/87</u> DATE</p>		<p><u>[Signature]</u> APPLICANT'S SIGNATURE</p> <p><u>9/11/87</u> DATE</p>

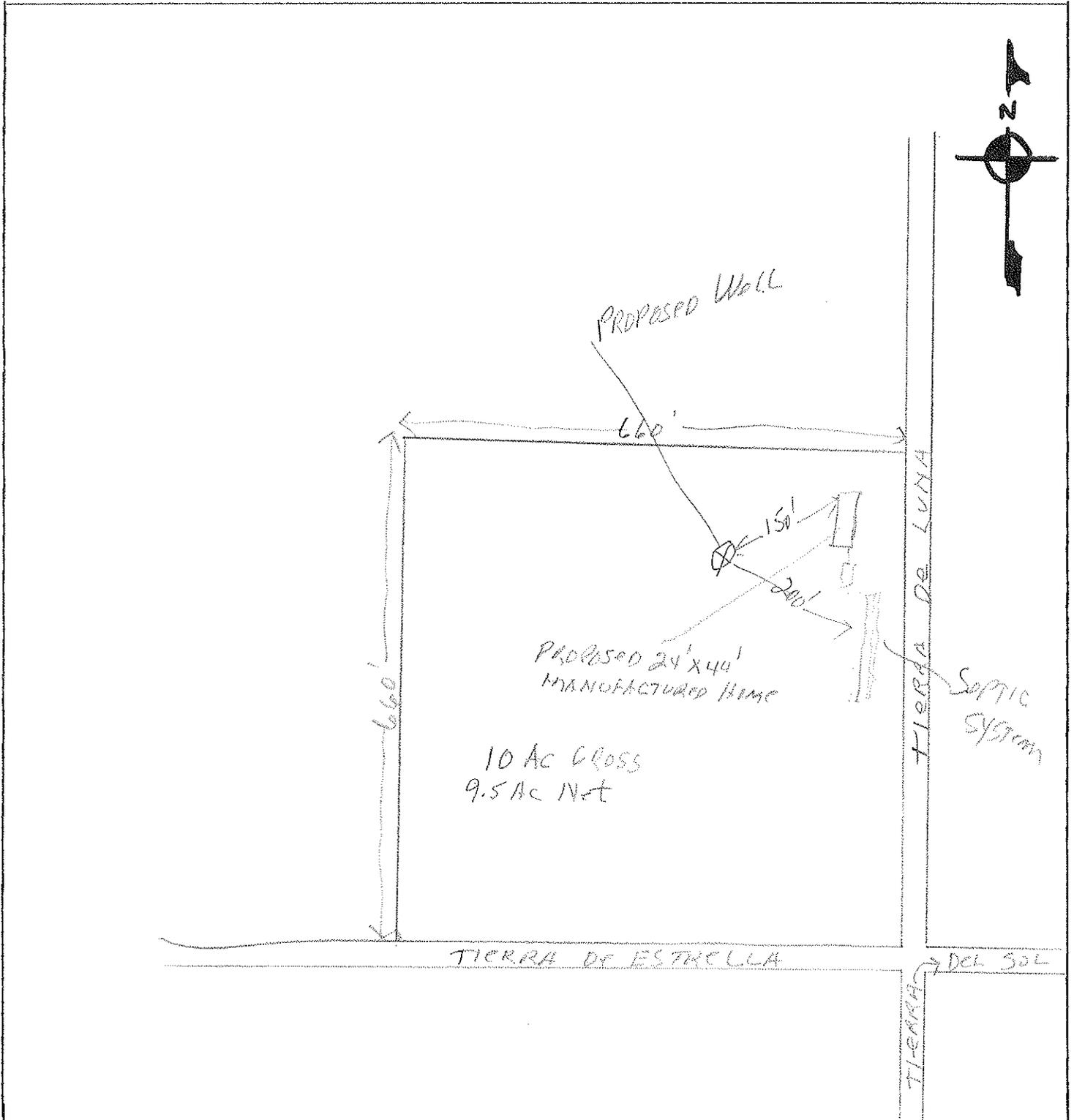
WEL 8418

658-080-43

NWD

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.



orig. WDR sent 2/22/88 CPO

658 080 53

COUNTY OF SAN DIEGO DEPARTMENT OF HEALTH SERVICES 1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

W01108

Notice of Intent No. Local Permit No. or Date

WATER WELL DRILLERS REPORT

(INSERT under ORIGINAL PAGE w/carbon of State Form)

State Well No. Other Well No.

(1) OWNER: Name M. D. ... Address 928 ... City Boulevard ... (2) LOCATION OF WELL: County San Diego ... Township B S ... Range 6 E ... Section 14

(12) WELL LOG: Total depth 375 ft. Depth of completed well 375 ft. from ft. to ft. Formation (Describe by color, character, size or material) 0-30 Topsoil - Decomposed Granite 30-340 Brown white & black granite 150' fracture w/ traces of water 340' fracture w/ water 260' fracture w/ water 340-375' Black & white granite

DEPARTMENT USE ONLY Completed Well Construction: Date 9-4-87 Date Inspected 9-21-87 Comments A.S. TO ... Water Sample Taken? Yes Sanitarian's Approval: K.M. ...

(3) TYPE OF WORK: New Well [X] Deepening [] Reconstruction [] Reconditioning [] Horizontal Well [] Destruction [] (4) PROPOSED USE: Domestic [X] Irrigation [] Industrial [] Test Well [] Stock [] Municipal [] Other []

(5) Equipment: Rotary [] Cable [] Other [] Reverse [] Air [X] Bucket []

(6) Gravel Pack: Yes [X] No [] Size 6 5/8" Diameter of above 6 5/8" Packed from 0 to 375 ft.

(7) Casing Installed: Steel [X] Plastic [] Concrete []

From ft.	To ft.	Dia. in.	Gage or Wall
0	33	6 5/8	18 1/2

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

(9) WELL SEAL: Was surface sanitary seal provided? Yes [X] No [] If yes, to depth 33 ft. Were strata sealed against pollution? Yes [] No [X] Interval Method of sealing Cement grout

Work started Sept 2 19 87 Completed 9/4 19 87

(10) WATER LEVELS: Depth of first water, if known 150 ft. Standing level after well completion 30 ft.

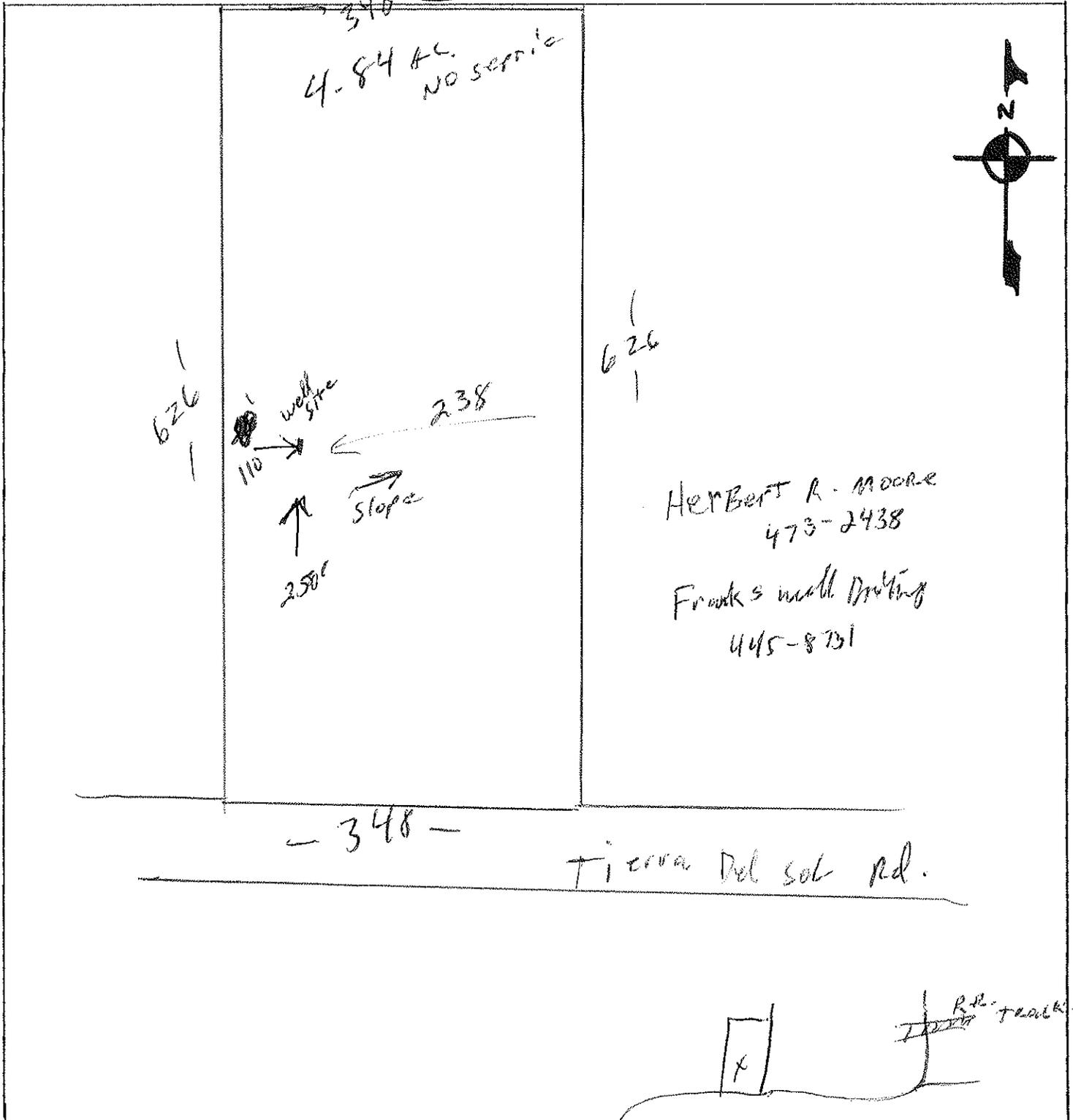
WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

(11) WELL TESTS: Was well test made? Yes [X] No [] If yes, by whom? Type of test Pump [] Bailer [] Air lift [X] Depth to water at start of test At end of test Discharge 5 1/2 gal/min after hours Water temperature Cool Chemical analysis made? Yes [] No [X] If yes, by whom? Was electric log made? Yes [] No [X] If yes, attach copy to this report

SIGNED Bud Morrison (Well Driller) NAME Morrison Drilling (Person, firm, or corporation) (Typed or printed) Address P.O. Box 117 City PINE, CA License No 297450 Date of this report 1-30-88

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.





County of San Diego

GARY R. STEPHANY
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH

DANIEL J. AVERA
ASSISTANT DIRECTOR

P.O. BOX 85261, SAN DIEGO, CA 92186-5261
(619) 338-2222 FAX (619) 338-2377

LAND USE DIVISION
338 VIA VERA CRUZ, #201
SAN MARCOS, CA 92069-2620
(619) 471-0730
(619) 940-2925 FAX

OWNER: Herbert R Moore
32337 Old Hwy 80
Pine Valley Ca. 91967

Site Address: ~~877~~ Herbert Moore
872 Tierra Del Sol Rd.
Boulevard Ca. 91905

Dear Property Owner:

WELL PERMIT NUMBER W05303, APN _____, WELL DRILLER: Franks well Drilling

This letter is to inform you that a:

Domestic well _____ Agricultural well _____ Other _____
_____ Community well _____ Industrial well

has been approved to be installed on your property. The following marked conditions of approval apply:

- Prior to use of this well as a drinking water source, bacteriological and nitrate analysis should be done to ensure compliance with State standards. No septic tank permit will be issued unless the sampling and analysis is completed and approved by this Department and an approved well log is received from the well driller.
- _____ This well was not proposed to be used as a drinking water supply. Conversion to a domestic well will require bacteriological and nitrate analysis to ensure compliance with State standards.
- _____ Prior to use of this well in a public water supply, approval from the appropriate regulatory agency must be obtained. Contact this Department's small water system specialist at 565-5173 for assistance.
- _____ This well is not approved for potable use and shall not be interconnected with the existing potable water system. In addition, an approved backflow prevention device must be installed at the well head to protect the well from potential contamination.
- _____ This well site is located in an area where groundwater is known to have high nitrate levels. The completed well can be used for irrigation purposes only until it has been tested and approved as safe by this Department. Unless it can be demonstrated that potable water standards can be met, septic tank and/or building permits cannot be issued.
- _____ If a public water supply is currently serving this property, you must contact your local water agency for water meter protection requirements.

In addition, included in the well permit fee is the provision for one water sample to be collected by this Department. Bacteriological analysis and a nitrate screening test will be performed. The sample will be taken for up to one year from the date of the approval of the well permit.

If you have any questions, please contact one of the following field offices: El Cajon at 441-6666, Ruffin Road at 565-5173, or San Marcos at 471-0730.

Water District: NO WATER DISTRICT

"Prevention Comes First"

*only 22
to 5/20/97
M.*

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

No. 447278

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

ORIENTATION (∠) VERTICAL HORIZONTAL ANGLE (SPECIFY)

DEPTH TO FIRST WATER 140 (Ft.) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION
Ft.	to Ft.	
0	5	TOP SOIL
5	500	White Granite Tight with little fracturing

WELL OWNER

Name Herbert Moore
Mailing Address 32337 Old Hwy. 80
Pine Valley, ca 91962
CITY STATE ZIP

Address 872 Tierra Del Sol RD.
City Boulevard
County San Diego
APN Book 658 Page 09 Parcel 19
Township 18S Range 6E Section 12
Latitude _____ NORTH _____ WEST
DEG. MIN. SEC. Longitude DEG. MIN. SEC.

LOCATION SKETCH NORTH

ACTIVITY (∠) NEW WELL

MODIFICATION/REPAIR Deepen Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

PLANNED USE(S) (∠) MONITORING

WATER SUPPLY Domestic Public Irrigation Industrial

"TEST WELL" CATHODIC PROTECTION OTHER (Specify)

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

Completed Well Construction

Date 5-30-96

Date Inspected 6-9-99

Comments pump was added
good cap. cement
foundation, no shed.

Water Sample Taken? 7

Reviewed By Jay Hish

DRILLING METHOD Air Rotary FLUID Water

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL NA (Ft.) & DATE MEASURED 3-30-96

ESTIMATED YIELD 5 (GPM) & TEST TYPE Air Rotary

TEST LENGTH 2 (Hrs.) TOTAL DRAWDOWN UNK (Ft.)

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

TOTAL DEPTH OF BORING 500 (Feet)

TOTAL DEPTH OF COMPLETED WELL 500 (Feet)

DEPTH FROM SURFACE	BORE-HOLE DIA.	CASING(S)					DEPTH FROM SURFACE	ANNULAR MATERIAL				
		TYPE (∠)	MATERIAL/ GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)		TYPE				
Ft.	to Ft.	BLANK SCREEN CONDUCTOR FILL PIPE					Ft.	to Ft.	CE-MENT (∠)	BEN-TONITE (∠)	FILL (∠)	FILTER PACK (TYPE/SIZE)
0	20	11	ASTM 53B	6 5/8	.156	0	0	20		X		
0	500	6 1/2										
0	500		SDR 21	4"	200 PSI	.040	0	300				1/2 well rock

- 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 Franks Well Drilling
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
P.O. Box 310153 Guatay, Ca 91931

ADDRESS _____ CITY STATE ZIP

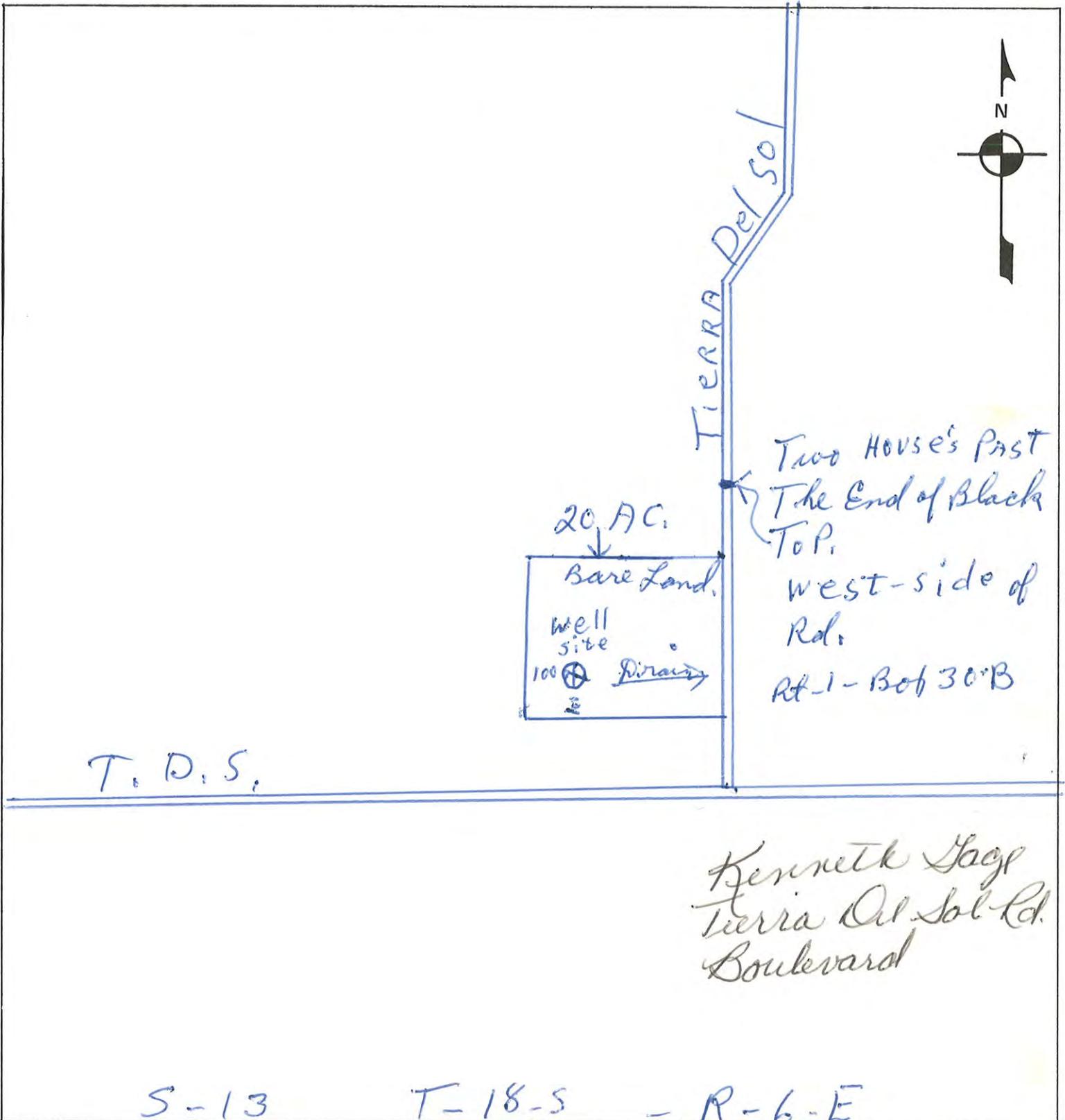
Signed Franks Well Drilling WELL DRILLER/AUTHORIZED REPRESENTATIVE DATE SIGNED 1-29-97 C-57 LICENSE NUMBER _____

Permit No. W00248

Assessor's Parcel No. 658-090-36

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



W00248
Yagi

658-090-36

FIRST CARBON COPY
send to County Health Dept. Room 104

DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

Notice of Intent No. 12/2/83
Local Permit No. or Date

WATER WELL DRILLERS REPORT

State Well No. _____
Other Well No. _____

(INSERT under ORIGINAL PAGE w/carbon of State Form)

(1) OWNER: Name Kenneth - GAGE
Address Rt-1-Box 30-B Tierra Del Sol Rd
City Blvd, Ca Zip 92005

(12) WELL LOG: Total depth 180 ft. Depth of completed well 150 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number #1
Well address if different from above same
Township 18-S Range 6-E Section 13
Distance from cities, roads, railroads, fences, etc. 200' north of T.D.S. Rd. Blvd.

0' 18' Topsoil + soft, D. S.
18' 40' med Hard D. S.
40' 60' soft Clay white + Brown
60' 180' med Hard white Granite

FOR HEALTH DEPARTMENT USE ONLY
Completed Well Construction:
Date 12-4-83
Date Inspected 2-1-84
Comments Well Seal OK
Water Sample Taken? no
Sanitarian's Approval: yes R KUP

(3) TYPE OF WORK:
New Well Deepening
Reconstruction
Reconditioning
Horizontal Well
Destruction (Describe destruction materials and procedures in Item (2))
(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 5/16"
Diameter of above 6"
Packed from 0 to 150 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	21' 7"	4"	1/4"	30'	150'	1/8x6"
0	150'	4"	1/4"			

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

(10) WATER LEVELS:
Depth of first water, if known 40' ft.
Standing level after well completion 15' ft.
Driller

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom?
Type of test 20 Pump Bailor Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge _____ 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

WELL DRILLER'S STATEMENT: 12/3/83 I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.
SIGNED Bud Fisher
NAME Fisher + Son's Well-Drilling Co.
Address Rt 1-Box 30-B
City San Diego Ca Zip 92006
License No. 1314485 Date of this report 12/19/83

Prior APN 658 090 41

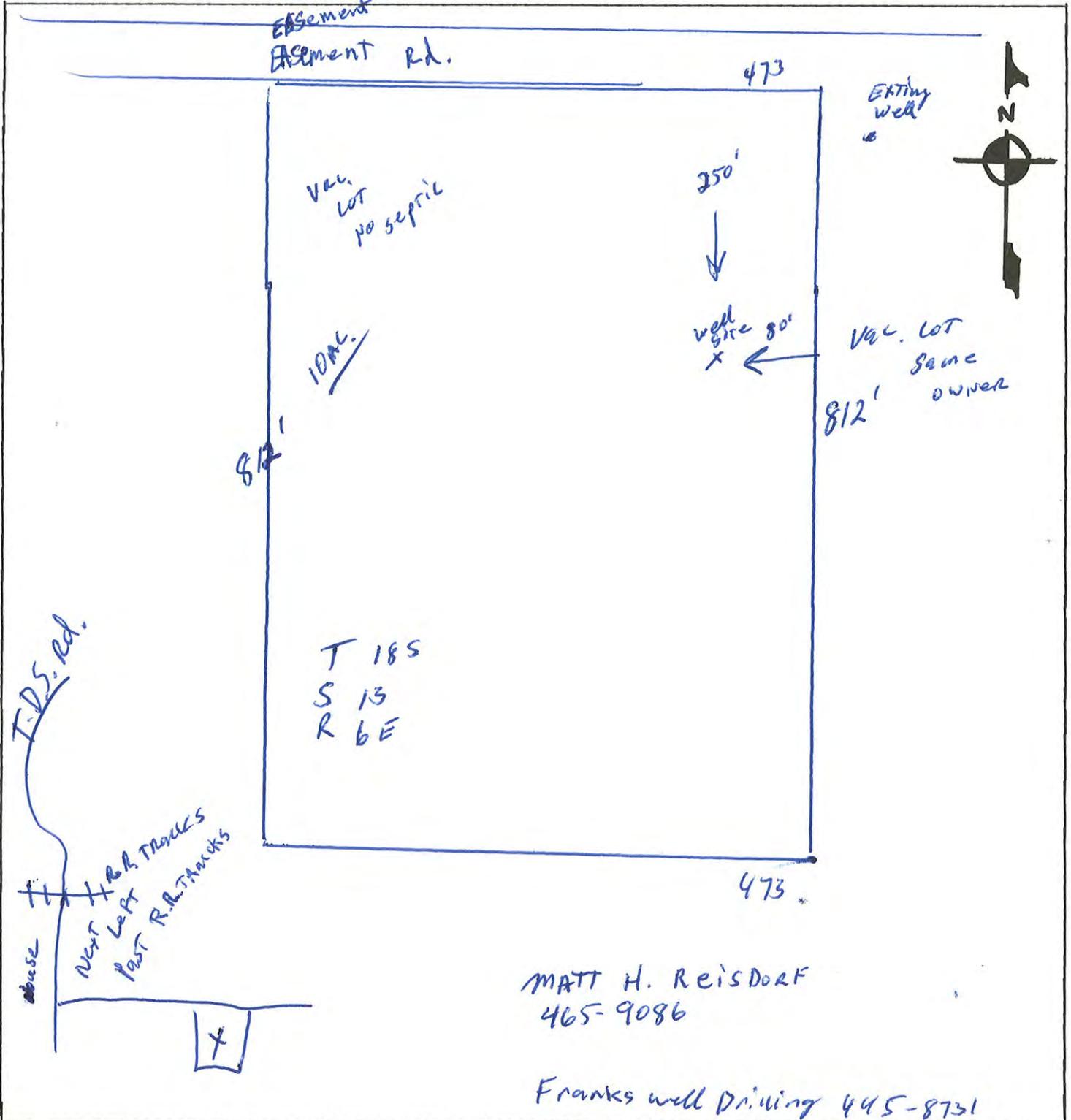
APN 658 090 51
Control # W05278

<p>TYPE OF WORK (Check)</p> <p>New Well <input checked="" type="checkbox"/></p> <p>Repair or Modification <input type="checkbox"/></p> <p>Time Extension <input type="checkbox"/></p> <p>Destruction <input type="checkbox"/></p>	<p>USE (Check)</p> <p>Individual Domestic <input checked="" type="checkbox"/></p> <p>Agricultural <input type="checkbox"/> Community <input type="checkbox"/></p> <p>Industrial <input type="checkbox"/> Other _____</p>	<p>EQUIPMENT (Check)</p> <p>Rotary <input checked="" type="checkbox"/></p> <p>Cable Tool <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>PROPOSED WELL DEPTH</p> <p>Max. <u>1000</u> Min. <u>200'</u> (Feet)</p>	<p>PROPOSED CASING</p> <p>Type <u>Steel</u> Depth <u>30</u> Diameter <u>7"</u> Wall or Casing <u>10</u></p>	
<p>PROPOSED SEALING ZONE(S)</p> <p>From <u>0</u> to <u>20</u> Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>PROPOSED PERFORATIONS OR SCREEN</p> <p>From _____ to _____ Feet</p>	<p>SEALING MATERIAL (Check)</p> <p>Neat Cement Grout <input type="checkbox"/> Bentonite Clay <input checked="" type="checkbox"/></p> <p>Sand Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/></p> <p>Other-Specify: _____</p> <p>DATE OF WORK</p> <p>Start <u>1-30-96</u></p> <p>Completion <u>2-20-96</u></p>	
<p>NAME OF WELL OWNER <u>465-9086</u></p> <p><u>MATT H. REISDORF</u> 3224 S Bonita ST</p>	<p>NAME OF WELL DRILLER</p> <p><u>Paul Pierkop</u></p>	
<p>LOCATION OF WELL <u>Spring Valley 91977</u></p> <p><u>Tierra Del Sol Boulevard</u></p>	<p>COMPANY <u>445-8751</u></p> <p><u>Franks Well Drilling</u></p>	
<p>DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)</p> <p><input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p><input type="checkbox"/> APPROVED WITH CONDITIONS</p> <p>Report Reason(s) for Denial or Necessary Conditions Here:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>No WATER DISTRICT</u></p>	<p>BUSINESS ADDRESS</p> <p><u>PO Box 310153 Guatay Ca 91931</u></p> <p>LICENSE NUMBER <u>437700</u></p> <p>Cash Deposit <input type="checkbox"/></p> <p>Bond Posted <input checked="" type="checkbox"/></p> <p><u>235⁰⁰</u> Fee paid on _____</p>	
<p>HEALTH OFFICER</p> <p><u>Joy Kish</u></p> <p>1-31-96</p> <p>DATE</p>	<p>I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well.</p> <p>APPLICANT'S SIGNATURE</p> <p><u>Paul Pierkop</u></p> <p>1-31-96</p> <p>DATE</p>	

W05278 4610

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.



DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

Page 1 of 1
Owner's Well No. No. 557969
Date Work Began 2/1/96 Ended 2/3/96
Local Permit Agency ENVIRO HEALTH SERV
Permit No. 205278 Permit Date

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION <i>Describe material, grain size, color, etc.</i>
Ft.	to Ft.	
0	36	SAND TOPSOIL GRAVEL
36	120	WHITE GRANITE Highly Fractured with GRAVEL
120	300	WHITE GRANITE and Quartz Highly Fractured with GRAVEL and SILICA

WELL OWNER

Name Matt Reisdorf
Mailing Address 3229 So Bonita St
Spring Valley CA 91971
CITY STATE ZIP
WELL LOCATION

Address _____
City _____
County _____
APN Book 58 Page 090 Parcel 21
Township 18S Range 6E Section 13
Latitude _____ NORTH Longitude _____ WEST
DEG MIN SEC DEG MIN SEC

LOCATION SKETCH

WEST NORTH EAST SOUTH

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY (✓)

NEW WELL
 MODIFICATION/REPAIR
 Deepen
 Other (Specify)
 DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
PLANNED USE(S)
(✓)
 MONITORING
WATER SUPPLY
 Domestic
 Public
 Irrigation
 Industrial
 "TEST WELL"
 CATHODIC PROTECTION
 OTHER (Specify)

Completed Well Construction

Date 6-3-96

Date Inspected 6-11-96

Comments Holed with
Condit. Sounding

Water Sample Taken? no

Reviewed By Jyo Kud

TOTAL DEPTH OF BORING 300 (Feet)
TOTAL DEPTH OF COMPLETED WELL 500 (Feet)

DRILLING METHOD AIR ROTARY FLUID FOAM

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL 12' (Ft.) & DATE MEASURED 2/3/96

ESTIMATED YIELD 15 (GPM) & TEST TYPE AIR

TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN NA (Ft.)

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

DEPTH FROM SURFACE Ft. to Ft.	BORE-HOLE DIA. (Inches)	CASING(S)					ANNULAR MATERIAL								
		TYPE (✓)				MATERIAL/ GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE					
Blank	Screen	CON-DOCTOR	FILL PIPE		CE-MENT (✓)					BEN-TONITE (✓)	FILL (✓)	FILTER PACK (TYPE/SIZE)			
0 - 40	4	✓	✓			Steel	3 1/2	100	Ø						
0 - 500	6 1/2	✓				PVC	4"	SURF							5/16 GRAVEL

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 FRANK'S Well Drilling
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS PO Box 310153 Conatay Ca 91931
CITY STATE ZIP

Signed Ken S. Suckey DATE SIGNED 2/20/96
WELL DRILLER/AUTHORIZED REPRESENTATIVE C-57 LICENSE NUMBER 437400

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

DWR USE ONLY - DO NOT FILL IN -

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

Page 1 of 1
Owner's Well No. _____
Date Work Began 2/1/96 Ended 2/3/96 No. **557969**
Local Permit Agency ENVIRO HEALTH SERV
Permit No. WB 5278 Permit Date _____

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION <i>Describe material, grain size, color, etc.</i>
Ft.	to Ft.	
0	36	SAND TOP SOIL GRAVEL
36	120	White GRANITE Highly fractured with GRAVEL
120	300	White GRANITE and QUARTZ Highly fractured with GRAVEL and SILICA

TOTAL DEPTH OF BORING 300 (Feet)
TOTAL DEPTH OF COMPLETED WELL 300 (Feet)

WELL OWNER
Name MATT REISDORF
Mailing Address 3229 So Bonita St
Spring Valley CA 91977
CITY STATE ZIP

WELL LOCATION
Address Tierra del Sol
City Boulevard
County LSH SD
APN Book 158 Page 090 Parcel 21
Township 183 Range 0E Section 13
Latitude _____ NORTH Longitude _____ WEST

LOCATION SKETCH
NORTH _____ SOUTH _____
WEST _____ EAST _____
Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY (✓)
 NEW WELL
 MODIFICATION/REPAIR
 ___ Deepen
 ___ Other (Specify)
 DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")
PLANNED USE(S)
(✓) MONITORING
WATER SUPPLY
___ Domestic
___ Public
___ Irrigation
___ Industrial
___ "TEST WELL"
___ CATHODIC PROTECTION
___ OTHER (Specify)

DRILLING METHOD AIR ROTARY FLUID FOAM
WATER LEVEL & YIELD OF COMPLETED WELL
DEPTH OF STATIC WATER LEVEL 12' (Ft.) & DATE MEASURED 2/3/96
ESTIMATED YIELD 15 (GPM) & TEST TYPE AIR
TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN NA (Ft.)
* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE Ft. to Ft.	BORE-HOLE DIA. (Inches)	CASING(S)						ANNULAR MATERIAL						
		TYPE (✓)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	TYPE				
		BLANK	SCREEN	CON. DIECTOR	FILL PIPE									CE- MENT (✓)
0	40					STEEL	6 3/4	180						
0	300					WC	9"	SDR 21					3/16 gravel	

- 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.

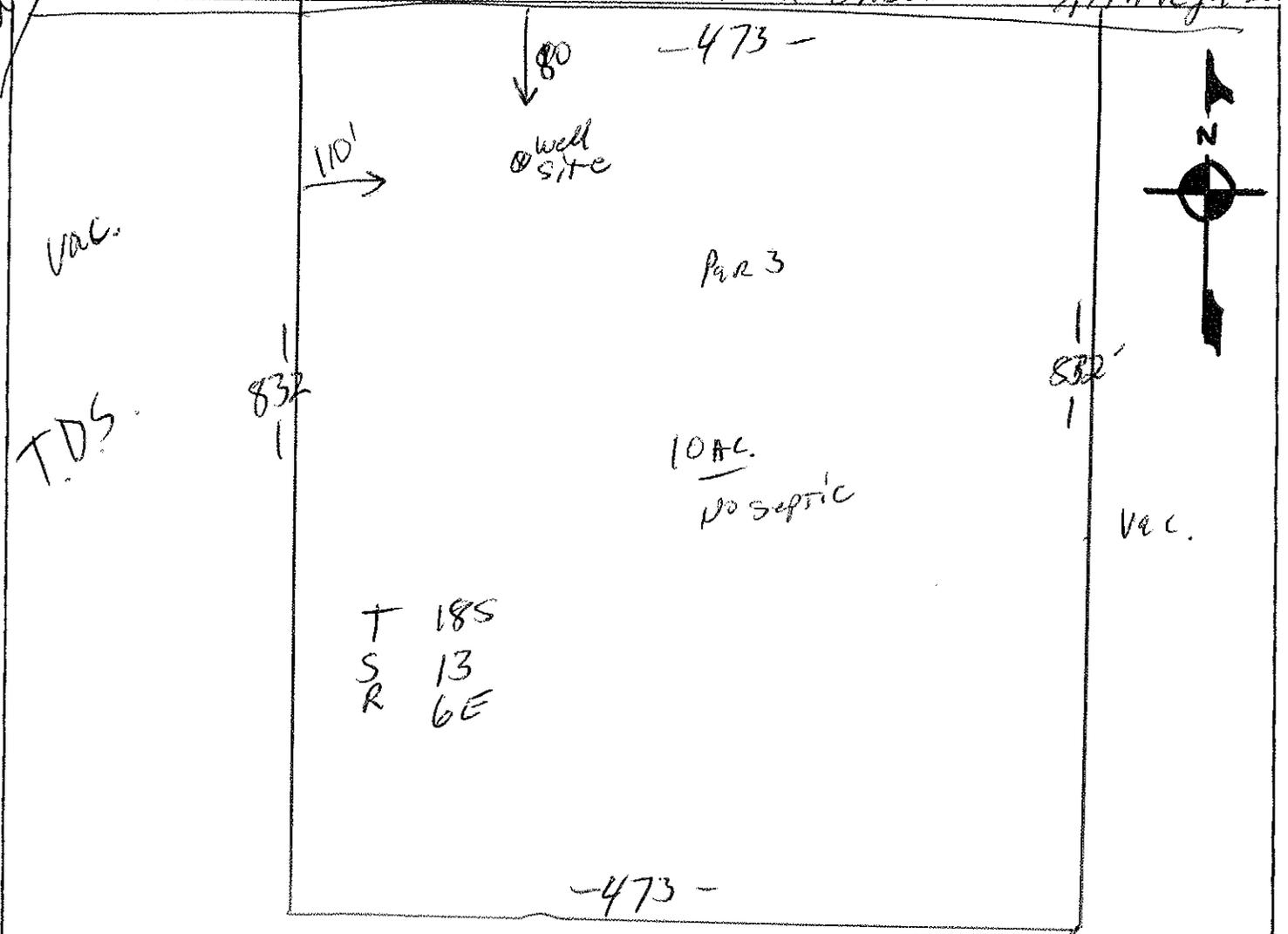
NAME FRANK'S Well Drilling
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)
ADDRESS PO Box 310153 City Coatway Ca STATE CA ZIP 91931
Signed [Signature] DATE SIGNED 2/29/96
WELL DRILLER/AUTHORIZED REPRESENTATIVE

vac. LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.

Jewel Valley Rd.

40' Road Easement Alta Vega Rd



MATT H. REISDORF
465-9086

vac. Driller
Franks well Drilling
445-8731

ORIGINAL
File with DWR

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

Page 1 of 1

Owner's Well No. _____

Date Work Began 12/16/95, Ended 12/13/95

No. 557970

Local Permit Agency _____

Permit No. WO 5236

Permit Date _____

DWR USE ONLY - DO NOT FILL IN -

STATE WELL NO./STATION NO. _____

LATITUDE _____ LONGITUDE _____

APN/TRS/OTHER _____

GEOLOGIC LOG

ORIENTATION (\angle) VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER 120 (Ft.) BELOW SURFACE

DESCRIPTION

Describe material, grain size, color, etc.

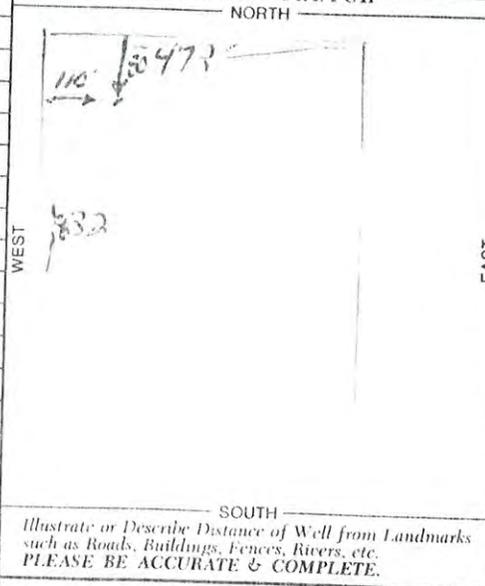
DEPTH FROM SURFACE
Ft. to Ft.

0	10	26" top soil
10	25	COARSE WHITE GRANITE
25	120	WHITE GRANITE WITH MANY FRACTURES
FRACTURE at 120' top		
280 top		
340 top		

WELL OWNER
Name MATT REISDORF
Mailing Address 2234 So. Bonita St.
Spring Valley CA 91974
CITY _____ STATE _____ ZIP _____

WELL LOCATION
Address _____
City Bonita
County SD
APN Book 458 Page 290 Parcel 52
Township 18S Range 6E Section 13
Latitude _____ NORTH _____ Longitude _____ WEST _____

LOCATION SKETCH



ACTIVITY (\angle)
 NEW WELL
 MODIFICATION/REPAIR
 ___ Deepen
 ___ Other (Specify) _____

___ DESTROY (Describe Procedures and Material Under "GEOLOGIC LOG")
PLANNED USE(S)
(\angle)
___ MONITORING
WATER SUPPLY
 Domestic
___ Public
___ Irrigation
___ Industrial
___ "TEST WELL"
___ CATHODIC PROTECTION
___ OTHER (Specify) _____

Completed Well Construction

Date 12-13-95
Date Inspected 6-11-96
Comments Housed with Cement foundation
Water Sample Taken? no
Reviewed By Joseph

TOTAL DEPTH OF BORING 330 (Feet)
TOTAL DEPTH OF COMPLETED WELL 120 (Feet)

DRILLING METHOD AIR Rotary FLUID FOGM
WATER LEVEL & YIELD OF COMPLETED WELL
DEPTH OF STATIC WATER LEVEL NA (Ft.) & DATE MEASURED 12/13/95
ESTIMATED YIELD 3 (GPM) & TEST TYPE AIR
TEST LENGTH 1 (Hrs) TOTAL DRAWDOWN NA (Ft.)
* May not be representative of a well's long-term yield.

DEPTH FROM SURFACE Ft. to Ft.	BORE-HOLE DIA. (Inches)	CASING(S)				MATERIAL GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	DEPTH FROM SURFACE Ft. to Ft.	ANNULAR MATERIAL			
		TYPE (\angle)									TYPE			
		BLANK	SCREEN	CON- DUCTOR	FILL PIPE						CE- MENT (\angle)	BEN- TONITE (\angle)	FILL (\angle)	FILTER PACK (TYPE/SIZE)
0	11"					STEEL	5 1/2"	188	0	0-20				
20	6 1/2"													

ATTACHMENTS (\angle)

- ___ Geologic Log
- ___ Well Construction Diagram
- ___ Geophysical Log(s)
- ___ Soil/Water Chemical Analyses
- ___ Other _____

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME FRANK'S WELL DRILLING
(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS PO Box 312153 Crowsley CA 91931
CITY _____ STATE _____ ZIP _____

Signed J. S. Siskop
WELL DRILLER/AUTHORIZED REPRESENTATIVE
DATE SIGNED 1/31/96 C 437700
C57 LICENSE NUMBER

WC# 3133

TYPE OF WORK (Check)	USE (Check)	EQUIPMENT (Check)
New Well <input checked="" type="checkbox"/>	Individual Domestic <input checked="" type="checkbox"/>	Rotary <input checked="" type="checkbox"/>
Repair or Modification <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Cable Tool <input type="checkbox"/>
Time Extension <input type="checkbox"/>	Community <input type="checkbox"/>	Other <input type="checkbox"/>
Destruction <input type="checkbox"/>	Industrial <input type="checkbox"/>	

PROPOSED WELL DEPTH: Max. 400 Min. 200 (Feet)

PROPOSED CASING: Type Steel Depth 20+ Diameter 7" Wall or Gage 1/16

PROPOSED SEALING ZONE(S)

From 0 to 20+ Feet

From _____ to _____ Feet

From _____ to _____ Feet

PROPOSED PERFORATIONS OR SCREEN

From 0 to 400 Feet

From _____ to _____ Feet

From _____ to _____ Feet

From _____ to _____ Feet

SEALING MATERIAL (Check)

Neat Cement Grout Bentonite Clay

Sand Cement Grout Concrete

Other-Specify: _____

DATE OF WORK

Start 11-20-89

Completion 11-22-89

NAME OF WELL OWNER
MARTIN COOPER

NAME OF WELL DRILLER
DAVID ROBLEY

LOCATION OF WELL
658 TIERRA DEL SOL RD.

COMPANY
McGuffie Drilling

DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)

APPROVED DENIED

APPROVED WITH CONDITIONS

Report Reason(s) for Denial or Necessary Conditions Here:

Well to be installed in accordance with State + Local Code

Yvonne Aubrey
HEALTH OFFICER
11-30-89
DATE

BUSINESS ADDRESS
1390 Jewey Pl - Campo 92008

LICENSE NUMBER
312853

Cash Deposit Bond Posted

Fee paid on _____

I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well.

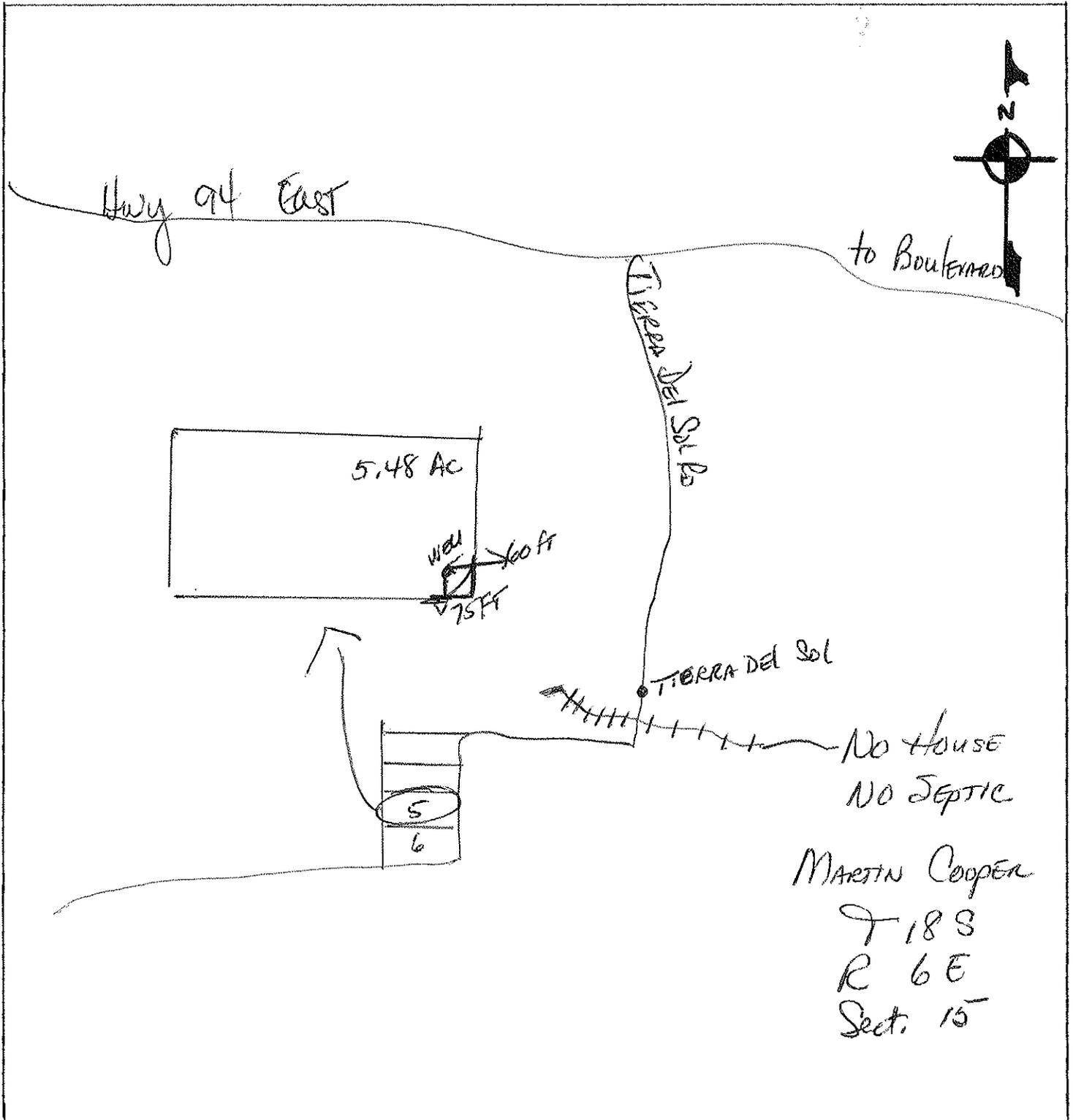
John McGuffie
APPLICANT'S SIGNATURE
11-20-89
DATE

WEL-3133

none

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.



WDR
to EL CABIN
6/19/90

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101-2417

ASSESSORS PARCEL NUMBER:

658 081 05

Notice of Intent No. 243863
Local Permit No. or Date W02283

WATER WELL DRILLERS REPORT
(INSERT under ORIGINAL PAGE w/carbon of State Form)

State Well No. _____
Other Well No. _____

1) OWNER: Name Martin S. Cooper
Address P.O. Box 1265
Boulevard Zip 92005

2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number _____
Well address if different from above Tierra Del Sol Rd.
Township 18S Range 6E Section 15
Distance from cities, roads, railroads, fences, etc.
South of Hwy 94 on Tierra Del Sol Rd.
just past the town of Tierra Del Sol
and south of the rr tracks

DEPARTMENT USE ONLY
Completed Well Construction:
Date 11-20-89
Date Inspected 5/30/91
Comments good seal
Water Sample Taken? No
Sanitarian's Approval: Jorge M...

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 4"
Diameter of above 6 1/2
Packed from 0 to 260 ft.

7) Casing Installed:
Steel Plastic Concrete

8) Perforations:
Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Well	From ft.	To ft.	Slot Size
0	20	7	1.88	0	260	3/4 1/8

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 cement

10) WATER LEVELS:
Depth of first water, if known 80' ft.
Standing level after well completion 25' ft.

11) WELL TESTS:
Was well test made? Yes No If yes, by whom? self
Type of test Pump Bailer Air lift
Depth to water at start of test 25 ft. At end of test 25 ft.
Discharge 16 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

(12) WELL LOG: Total depth 260 ft. Depth of completed well 260 ft.
from ft. 0 to 260 ft. Formation (Describe by color, character, size or material)
0 - 18 Top Soil-Sandy
18 - 40 Med Hard Granite
40 - 80 Med Hard Granite
80 - 120 White Granite w/fractures
120 - 160 White Granite
160 - 240 White Granite w/Fractures
240 - 260 Blk & White Granite Hard

Water Strata

From ft.	To ft.	Yield
0	80	0
80	90	4 Gal P/M
90	160	0
160	180	4 Gal P/M
180	240	8 Gal P/M
		16 Gal P/M TOTAL

Work Started 11-20-1989 Completed 11-22-1989
WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.
SIGNED David G. McGuffie
(Well Driller)
NAME McGuffie Well Drilling
(Person, firm, or Corporation) (Type or Print)
ADDRESS 1390 Dewey Place
CITY Campo ZIP 92006
LICENSE NO. 312853 DATE THIS REPORT 11/28/89

WC#3131

APN 658 081 06
Control # W02282

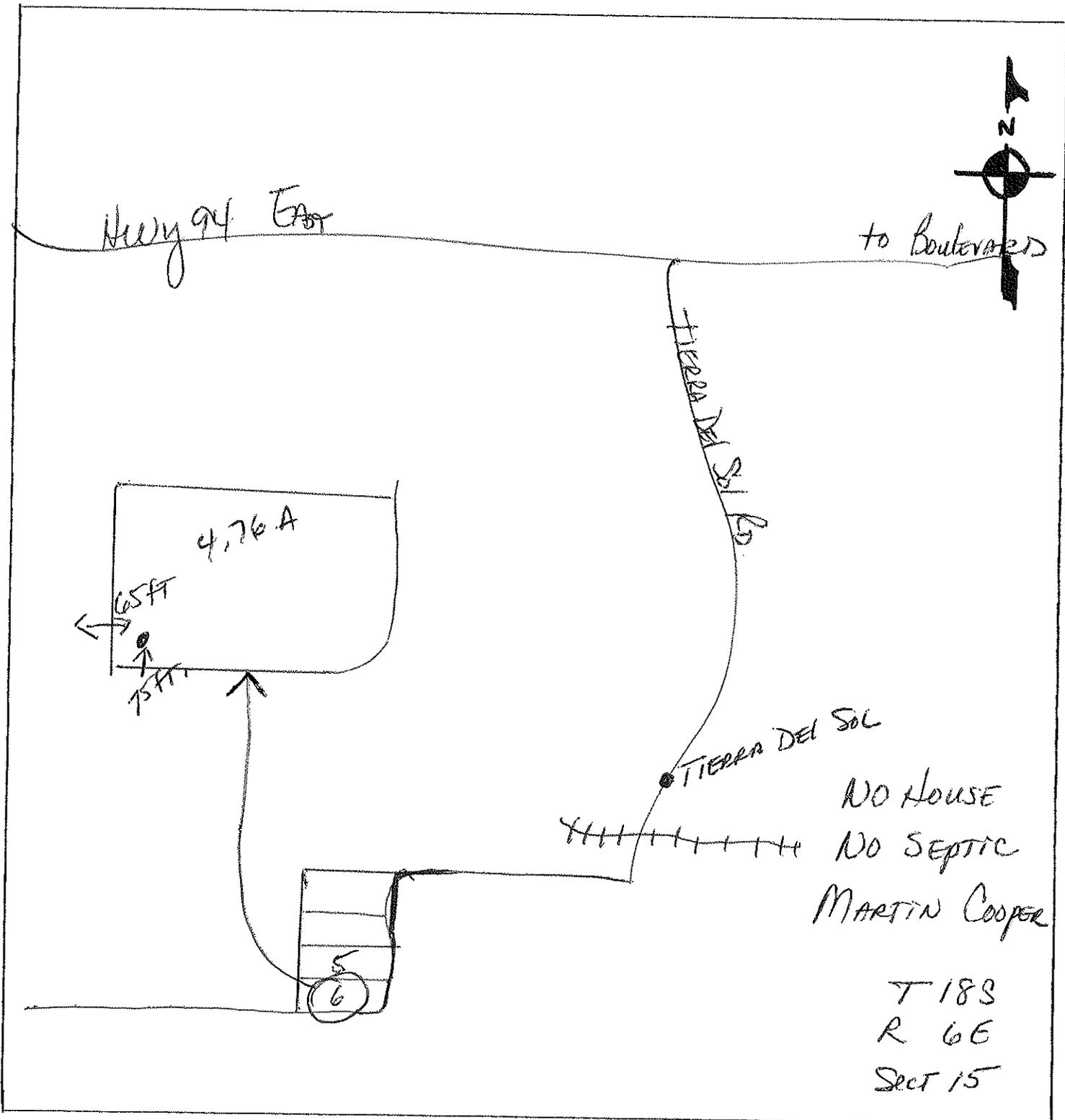
<p>TYPE OF WORK (Check)</p> <p>New Well <input checked="" type="checkbox"/></p> <p>Repair or Modification <input type="checkbox"/></p> <p>Time Extension <input type="checkbox"/></p> <p>Destruction <input type="checkbox"/></p>	<p>USE (Check)</p> <p>Individual Domestic <input checked="" type="checkbox"/></p> <p>Agricultural <input type="checkbox"/> Community <input type="checkbox"/></p> <p>Industrial <input type="checkbox"/> Other _____</p>	<p>EQUIPMENT (Check)</p> <p>Rotary <input checked="" type="checkbox"/></p> <p>Cable Tool <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>PROPOSED WELL DEPTH</p> <p>Max. <u>300+</u> Min. <u>200</u> (Feet)</p>		<p>PROPOSED CASING</p> <p>Type <u>Steel</u> Depth <u>20+</u> Diameter <u>7"</u> Wall or Gage <u>186</u></p>
<p>PROPOSED SEALING ZONE(S)</p> <p>From <u>0</u> to <u>20+</u> Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p>		<p>SEALING MATERIAL (Check)</p> <p>Neat Cement Grout <input checked="" type="checkbox"/> Bentonite Clay <input type="checkbox"/></p> <p>Sand Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/></p> <p>Other-Specify: _____</p>
<p>PROPOSED PERFORATIONS OR SCREEN</p> <p>From <u>0</u> to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p>		<p>DATE OF WORK</p> <p>Start <u>11-24-89</u></p> <p>Completion <u>11-26-89</u></p>
<p>NAME OF WELL OWNER</p> <p><u>MARTIN S. COOPER</u></p>	<p>NAME OF WELL DRILLER</p> <p><u>DAVID ROBLEY</u></p>	
<p>LOCATION OF WELL</p> <p><u>TIERRA DEL SOL RD. Boulevard</u></p>	<p>COMPANY</p> <p><u>McGURRUE Drilling</u></p>	
<p>DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p><input checked="" type="checkbox"/> APPROVED WITH CONDITIONS</p>	<p>BUSINESS ADDRESS</p> <p><u>1390 Dewey Pl - Campo - 92006</u></p>	
<p>Report Reason(s) for Denial or Necessary Conditions Here:</p> <p><u>Well to be installed in accordance with state + local codes</u></p>	<p>LICENSE NUMBER</p> <p><u>312853</u></p>	<p>Cash Deposit <input checked="" type="checkbox"/></p> <p>Bond Posted <input type="checkbox"/></p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Fee paid on _____</p>	
<p>_____</p> <p>_____</p> <p>_____</p>	<p>I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well.</p>	
<p><u>[Signature]</u></p> <p>HEALTH OFFICER</p> <p><u>11-22-89</u></p> <p>DATE</p>	<p><u>[Signature]</u></p> <p>APPLICANT'S SIGNATURE</p> <p><u>11-20-89</u></p> <p>DATE</p>	

LWEL-3131

None

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.



WPK & J. Coyn **File**
4-18-90 J.S.

658 081 06

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101-2417

WATER WELL DRILLERS REPORT
(INSERT under ORIGINAL PAGE w/carbon of State Form)

Notice of Intent No. 243865
Local Permit No. or Date W02282

State Well No. _____
Other Well No. _____

(1) OWNER: Name Martin S. Cooper
Address P.O. Box 1265
City Boulevard Zip 92005

(2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number _____
Well address if different from above 633 Tierra Del Sol Rd.
Township 18S Range 6E Section 15
Distance from cities, roads, railroads, fences, etc.
South of Hwy 94 on Tierra Del Sol Rd.
Just past the town of Tierra Del Sol
and south of the RR tracks

DEPARTMENT USE ONLY
Completed Well Construction: _____
Date 11/26/89
Date Inspected 1/12/92
Comments Evidence of annular seal.
Casing properly capped.
Water Sample Taken? No
Sanitary Approval:
Paul J. Schmitt
Pending prove of safe water
well sample.

(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 _____
Diameter of above _____
Packed from _____ to _____ ft.

(7) Casing Installed:
Steel Plastic Concrete

From ft.	To ft.	Dia. in.	Gage or Wall
0	51	7"	1.88

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

From ft.	To ft.	Slot Size
----------	--------	-----------

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth 51 ft.
Were strata sealed against pollution? Yes No Interval _____ ft.
Method of sealing cement

(10) WATER LEVELS:
Depth of first water, if known 51 ft.
Standing level after well completion 30 ft.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? self
Type of test Pump Bailer Air lift
Depth to water at start of test 30 ft. At end of test 30 ft.
Discharge 1.8 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

(12) WELL LOG: Total depth 220 ft. Depth of completed well 220 ft.
from ft. 0 to 220 ft. Formation (Describe by color, character, size or material)

0 - 48	Top Soil - Sandy
48 - 80	Hard White Granite
80 - 120	" " "
120 - 160	" " " w/fractures
160 - 220	Med Hard White Granite w/ small fractures

Water Strata

0 - 55	0	
55 - 100	7	Gal P/M
100 - 160	3	Gal P/M
160 - 220	8	Gal P/M
	18	Gal P/M Total

Work Started 11-24-1989 Completed 11-26-1989

WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

SIGNED David Keeley
(Well Driller)

NAME McGuffie Well Drilling
(Person, firm, or Corporation) (Type or Print)
ADDRESS 1390 Dewey Pl
CITY Campo, CA ZIP 92006
LICENSE NO. 312853 DATE THIS REPORT 11/28/89



COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

Brown Joseph
Do Not Fill In
WC# 2157

WATER WELL DRILLERS REPORT

State Well No. _____
Other Well No. _____

(1) OWNER:

Name *Joseph H Brown*
Address *1670 Whigham Place*
of Cajon Calif. 92021

(2) LOCATION OF WELL:

County *San Diego* Owner's number, if any # *1*
Township, Range, and Section *18-5-6-E-13*

Distance from cities, roads, railroads, etc. *South side of Terra Del Sol Rd. 1/4 mile after Black top ends.*

(3) TYPE OF WORK (Check):

New Well Deepening Reconditioning Destroying
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) EQUIPMENT:

Rotary
Cable
Other *AIR*

(6) CASING INSTALLED:

STEEL: OTHER:
SINGLE DOUBLE

If gravel packed

From ft.	To ft.	Diam. "	Gage or Wall	Diameter of Bore	From ft.	To ft.
0	20	6 5/8	1.88			

Size of shoe or well ring: _____ Size of gravel: _____

Describe joint _____

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen _____

From ft.	To ft.	Perf. per row	Rows per ft.	Size in. x in.

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes No To what depth *20* ft.

Were any strata sealed against pollution? Yes No If yes, note

depth of strata From ft. to ft.
From ft. to ft.

Method of sealing *Best Cement.*

(9) WATER LEVELS:

Depth at which water was first found, if known *286* ft.

Standing level before perforating, if known _____ ft.

Standing level after perforating and developing *200* ft.

(10) WELL TESTS:

Was pump test made? Yes No If yes, by whom? *Driller*

Yield: *5* gal/min. with _____ ft. drawdown after *2* hrs.

Temperature of water *Cold* Was a chemical analysis made? Yes No

Was electric log made of well? Yes No If yes, attach copy

(11) WELL LOG:

Total depth *520* ft. Depth of completed well *520* ft.

Formation: Describe by color, character, size of material and structure
ft. to ft.

0 - 11' Sand Soil + Soft D.G.

11' - 60' White Felspar Rock (medium Hard)

60' - 180' White Colored Granite

180' - 191' Brown Clay

191' - 286 White Colored Granite Med. Hard

286' - 289' Rusty Colored Granite med. Hard.

289' - 480' White Colored Granite

480' - 500' Brown Clay

500' - 520' White Granite med. Hard

Work started *10/1* 1978, Completed *10/4* 1978

WELL DRILLER'S STATEMENT:

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

NAME *Fisher & Son's Well Drilling Co.*
(Person, firm, or corporation) (Typed or printed)

Address *Rt. 1, Box 71*
Campo Calif. 92006

[Signed] *Bud Fisher*
(Well Driller)

License No. *314485* Dated *10/10/1978*

SKETCH LOCATION OF WELL ON REVERSE SIDE

OVER

none

APN 688

WEL-2157

WELL PERMIT APPLICATION

~~XXXXXXXXXX~~

APN 658 090 23

Control # W04882

TYPE OF WORK (Check)

- New Well
- Repair or Modification
- Time Extension
- Destruction

USE (Check)

- Individual Domestic
- Agricultural
- Industrial
- Community
- Other

EQUIPMENT (Check)

- Rotary
- Cable Tool
- Other

PROPOSED WELL DEPTH

Max. 1000 Min. 200 (Feet)

PROPOSED CASING

Type Steel Depth 20 Diameter 7" Wall or Gage 156

PROPOSED SEALING ZONE(S)

- From 0 to 20 Feet
- From _____ to _____ Feet
- From _____ to _____ Feet

SEALING MATERIAL (Check)

- Neat Cement Grout
- Sand Cement Grout
- Other-Specify: _____
- Bentonite Clay
- Concrete

PROPOSED PERFORATIONS OR SCREEN

- From _____ to _____ Feet

DATE OF WORK

Start 8/13/94
Completion 8/17/94

NAME OF WELL OWNER

Betty Giddings 766-3466

NAME OF WELL DRILLER

Shannon Dierkop 445-8731

LOCATION OF WELL

873 Tierra del Sol Blvd. 91905

COMPANY

Franks well Drilling

DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)

- APPROVED
- APPROVED WITH CONDITIONS
- DENIED

BUSINESS ADDRESS

PO Box 30153 Guatay ca. 91901

LICENSE NUMBER

437700

- Cash Deposit
- Bond Posted

Report Reason(s) for Denial or Necessary Conditions Here:

235.00 Fee paid on ck 8678 JSL
8/13/94

I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well.

Paul F. Schmitt
HEALTH OFFICER

8/10/94
DATE

Frank Zep
APPLICANT'S SIGNATURE

8/13/94
DATE

GIDDINGS, BETTY

QUADRUPPLICATE
For Local Requirements

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

FOR DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

Page 1 of 2 # 762

Owner's Well No. _____ No. **455942**

Date Work Began 8/6/94, Ended 8/6/94

Local Permit Agency County of So Health Dept

Permit No. W04882 Permit Date 8/10/94

GEOLOGIC LOG

ORIENTATION (∠) VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH FROM SURFACE		DESCRIPTION
Ft.	to Ft.	
0	36	Sand
36	180	lignite
50		WATER frac 2 gpm
80		WATER frac 6 gpm
120		WATER frac 10 gpm

Describe material, grain size, color, etc.

WELL OWNER

Name Betty Giddings

Mailing Address 873 Terrace Del Sol Rd
Mountain View CA 91405

CITY _____ STATE _____ ZIP _____

WELL LOCATION

Address _____

City Jame

County _____

APN Book 658 Page 040 Parcel 23

Township 185 Range 66 Section 17

Latitude _____ NORTH Longitude _____ WEST

DEG. MIN. SEC. DEG. MIN. SEC.

LOCATION SKETCH

NORTH

WEST

EAST

SOUTH

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY (∠)

NEW WELL

MODIFICATION/REPAIR

_____ Deepen

_____ Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

PLANNED USE(S)

(∠)

_____ MONITORING

WATER SUPPLY

Domestic

_____ Public

_____ Irrigation

_____ Industrial

_____ "TEST WELL"

_____ CATHODIC PROTECTION

_____ OTHER (Specify)

Completed Well Construction

Date 8/6/94

Date Inspected 9/6/94

Comments Evidence of annular seal. Casing capped.

FAILED

Water Sample Taken? No 3 pass

Reviewed By [Signature]

DRILLING METHOD Air Percussion FLUID Water

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL unk (Ft.) & DATE MEASURED 8/9/94

ESTIMATED YIELD 12 (GPM) & TEST TYPE Air Lift

TEST LENGTH 2 (Hrs.) TOTAL DRAWDOWN unk (Ft.)

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

TOTAL DEPTH OF BORING 180 (Feet)

TOTAL DEPTH OF COMPLETED WELL 177 (Feet)

DEPTH FROM SURFACE	BORE-HOLE DIA. (Inches)	CASING(S)				MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	DEPTH FROM SURFACE	ANNULAR MATERIAL						
		TYPE (∠)	TYPE	TYPE	TYPE						CE-MENT (∠)	BEN-TONITE (∠)	FILL (∠)	FILTER PACK (TYPE / SIZE)			
0	4 1/2	1 1/2"				A51m53	6 1/8	1.56	Ø	0	210						
36	6 1/2	4"				SPR21	4"	2.0gpsi	1/16	0	180						2 1/2 well rock

- 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 FRANKS Well Drilling

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

ADDRESS PO Box 310153 CITY QUATAY STATE CA ZIP 91431

Signed [Signature] DATE SIGNED 8/10/94 WELL DRILLER/AUTHORIZED REPRESENTATIVE

DATE SIGNED 8/10/94 437706 C-57 LICENSE NUMBER

**ATTACHMENT A
PROJECT ISSUE CHECKLIST**

PROJECT NAME: Tierra Del Sol Solar Farm

Project Number(s): 3300 12-010

Specialist Name: Jim Bennett

Project Manager Name: Ashley Gungle

DPLU (Department of Planning and Land Use) Planning and CEQA Comments

Item No.	Subject Area	Issue, Revision or Information Required	Issue Resolution Summary (Include Conditions)	Date Identified	Date Resolved
1	Groundwater- MAJOR PROJECT ISSUE	Groundwater information received from Dudek in a memorandum dated July 23, 2012 indicates the project will require approximately 550,000 gallons per day of water during a 40 day peak demand period. This would equate to 381 gallons per minute of production if wells were pumped 24 hours a day over a 40 day period. It is unlikely that the existing 7 on-site wells would have combined ability to pump 381 gallons per minute. Off-site water will likely be required to supplement on-site groundwater demand. These offsite source(s) need to be identified now and impacts to groundwater from off-site source(s) need to be evaluated.		8/15/2012	
2	Groundwater - Well Test Plan	The County Groundwater Geologist has reviewed the Well Test Plan dated July 2012 prepared by Dudek. The plan is accepted with one comment below.	For information purposes only	8/15/2012	
3	Groundwater - Well Test Plan	Besides the monitoring of on-site wells, It will also be required that ALL property owners located within 1/2-mile radius of the Well B be contacted and asked whether they wish to participate in having any of their wells monitoring during the well testing of Well B. Please send letters to each property owner and include a list of property owners contacted in the groundwater investigation. All groundwater level data collected from each offsite well shall be compiled within the groundwater investigation.		8/15/2012	
4	Groundwater	Jim Bennett, County Groundwater Geologist, has reviewed the Draft Groundwater Resources Investigation Report, Tierra Del Sol Solar Farm Project, prepared by Dudek dated December 2012. The report is inadequate and requires revisions. Comments are provided as follows.	For information purposes only	3/12/2013	

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5	Groundwater	Well Interference Analysis, Offsite Well Users: Figure 10 needs to be updated to show the location of all off-site well users. A map showing all confidential well logs that are within the Department of Environmental Health Database will be given to the consultant along with confidential well logs. Figure 10 should be updated to reflect these additional well locations. Also highlight all parcels that have been developed with single-family residences.	3/12/2013
6	Groundwater	Sections 2.6 and 2.7: County staff has obtained data from 14 confidential well logs located in the nearby area which will be provided to the consultant. Please include this data in the report to augment the discussion in Sections 2.6 and 2.7. The text should discuss the range of well yields reported in the well logs, the lithology (residuum/bedrock contact), and range of depth of wells. Since this data is confidential, do not correlate the data with the mapped well locations.	3/12/2013
7	Groundwater	Section 3.1.2.1 Runoff, Page 3-5: Desert scrub was selected as the groundwater cover which has a CN of 49 for A Soils and CN of 68 for B Soils. Please change the numbers in the report to reflect these values.	3/12/2013
8	Groundwater	Section 3.1.2.1 Runoff, Page 3-5: The runoff was changed based on utilizing a PZN adjustment factor. This factor should not be used since the study is looking at long-term runoff rates at a monthly time scale. Adjusting the PZN would not be appropriate for this type of application. Please use the published non-adjusted values.	3/12/2013

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9	Groundwater	<p>Section 3.1.2.1 Runoff, Calculation Spreadsheet: Runoff was not correctly calculated in the spreadsheet for lower rainfall events due to an incorrect IF statement utilized. The IF statement that was utilized was IF P>0.5. Please revise and use the following: IF P=0.2S. Additionally, the report on Page 3-5 that average runoff would be 2.4 inches or 21% of precipitation. This is incorrect due to adding the amount of runoff that occurred in each of the three soil type areas analyzed and dividing by the total precipitation that fell. Please re-calculate by looking at each individual sub-watershed that was analyzed and comparing the runoff in that sub-watershed to the total precipitation that fell in that sub-watershed. The result will be roughly 1/3 the amount of runoff as compared to what was reported in the study.</p>	3/12/2013
10	Groundwater	<p>Section 3.1.2.2 Groundwater Demand: The project construction water demand appears to be 25.7 acre-feet from Well B as indicated in Table 3-3 and the rest of the water would be imported. However, in the footnote of Table 3-3 it indicates that construction water demand requires a one-time extraction of approximately 39 acre-feet. Please fix this discrepancy. Additionally, under Scenario 4, 21 acre-feet of groundwater is included to be exported to Rugged Solar Farm. Since the project already requires imported water to meet its construction needs, County staff requests that exportation of water to other projects not be included. Please remove exportation of groundwater from Well B from the project.</p>	3/12/2013
11	Groundwater	<p>Section 3.2.1.1. Well Interference in Fractured Rock: Define in this subsection what the total demand of production from Well B is anticipated to be during the project. It is assumed this would be 25.7 acre-feet during the first 11 months of the project and then 4 acre-feet per year for the life of the project. All well interference analysis will be based on the anticipated groundwater demand from Well B.</p>	3/12/2013

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13	Groundwater	<p>Section 3.2.2.3. Well Test Analysis, Significance of Impacts Prior to Mitigation, First Paragraph: A five-year projection of drawdown using the straight line method is the incorrect method to use to evaluate potential well interference impacts on off-site wells. Revise this analysis to evaluate potential well interference impacts on the closest offsite well using the Cooper-Jacob approximation of the Theis non-equilibrium flow equation. Utilize anticipated groundwater demand during the construction period as the first analysis and then a second analysis considering pumping for 5 years at the anticipated ongoing rate of demand. Include distances ranging from 50 feet to 5,280 feet (1-mile) in a Table to summarize potential well interference impacts. The pumping during the construction phase should realistically consider whether the well will be pumped 24 hours a day or whether it will be pumped at higher rates for shorter periods each day. A worst-case scenario of how pumping will occur should be evaluated.</p>		3/12/2013	
14	Groundwater	<p>Section 3.2.2.3. Well Test Analysis, Significance of Impacts Prior to Mitigation, First Paragraph: The first paragraph should be revised to summarize the significance of impacts from the construction phase of groundwater pumping and then the ongoing water use based on well interference calculations.</p>		3/12/2013	

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15	Groundwater	<p>Section 3.2.2.3. Well Test Analysis, Significance of Impacts Prior to Mitigation, Hydraulic Isolation: Fractured rock aquifer systems are complicated and very difficult to adequately characterize. The spacing, orientation, and interconnectivity of fractures are complex and difficult to thoroughly analyze even with a robust groundwater monitoring network. The pathways of fractured zones at Well B are undefined and may result in potential impacts to nearby wells. Additionally, the well test conducted was for only 72 hours where impacts to wells at the distances monitored for the majority of the wells would be expected to be negligible given the time and the amount of water pumped. Substantial additional characterization of the fractured rock system would be required before the conclusion of hydraulic isolation could be made likely far beyond the scope of a project of this magnitude. Please remove the statement that the project well production will not exceed the County threshold of significance based on hydraulic isolation.</p>		3/12/2013	
16	Groundwater	<p>Section 5.2. Well Interference, Summary of Project Impacts and Mitigation: The fact that there was not drawdown in the monitoring wells during well testing is not a standard the County employs to indicate whether there will be well interference on off-site wells. This would have potentially catastrophic consequences if used as a standard given the nature of fractured rock aquifers. Rather, drawdown calculations as requested above are the standard. Please revise this section along with any mitigation measures necessary.</p>		3/12/2013	

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17	Groundwater	<p>Section 5.5 Mitigation Measures: Based on revised well interference analysis, it will be necessary to develop a maximum amount of groundwater that can be safely pumped during the construction phase without resulting in significant well interference impacts on the closest well user to Well B. Additionally, a maximum amount of groundwater will also be established for the ongoing water use needed. A monitoring well network will be required to be setup with maximum drawdown thresholds to ensure impacts to offsite wells remain less than significant. Ongoing monitoring of well RM-1 which is located in the Coast Live Woodland will be required during the construction phase of pumping to evaluate potential impacts to the shallow groundwater system beneath the Coast Live Oak Woodland habitat. After the groundwater investigation is revised with the above changes requested and reviewed by County staff, a meeting will be setup to discuss the details of this plan and any additional wells needed to be installed for monitoring.</p>		3/12/2013	
18	Groundwater	<p>Imported Groundwater: Once the groundwater investigation is revised and the amount of water to be produced from Well B is finalized, the amount of water to be imported to the site will be known. Prior to public review, the project will be required to have identified all offsite water sources to provide the imported water to the site. If the water sources are from groundwater dependent entities, a groundwater investigation will be required to evaluate potential groundwater impacts from any of these entities which must be reviewed and approved prior to the project going out for public review.</p>		3/12/2013	

