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HUMBOLDT CO. DIVISION OF ENVIRONMENTAL HEALTH Street, Suite 100, Eureka, CA 95501 phone: (707) 445-6215 fax: (707) 441-5699

WATER WELL APPLICATION CONSTRUCTION - REPAIR - DESTRUCTION The Well Permit will be returned to the property owner when approved by Humboldt County Division of Environmental Health (DEH)

Instructions:

- 1. Complete pages 1 and 2 of the application and submit the required fee with the Well Permit application, including Well Driller's signature and property owner's signature.
2. Work on the well shall not be started prior to approval of the Well Permit Application by DEH.
3. Any changes made to the location of a new well shall be approved by DEH prior to commencement of drilling.
4. DEH shall be notified by the Well Driller a minimum of 24 hours prior to sealing the annular space.

Form fields including Site Address (400 Ross Rd, Garberville, Ca), APN (22810104), Applicant (Watson Well Drilling Inc.), Property Owner (Mitchell Laffel), Drilling Contractor (Watson Well Drilling Inc.), License # (1014048), and various checkboxes for application type and intended use.

\\all.co.humboldt.ca.us\dhrs\files\ENVH\EH Resources\Forms and Hand Outs Public\Land Use\Permits\Water Well Permit Application.docx

State of California
Well Completion Report
WCR Form In Review 11/29/2016
WCR2016-007753

Owner's Well Number 1 Date Work Began 10/13/2016 Date Work Ended 10/21/2016
Local Permit Agency Humboldt County Department of Health & Human Services - Land Use Program
Secondary Permit Agency _____ Permit Number 16/17 123 Permit Date 08/22/2016

Name Mitchell Leffel
Mailing Address 1643 Tompkins Hill Rd
City Fortuna State CA Zip 95540

Activity New Well
Planned Use Water Supply Domestic

Address 1400 Ross RD APN 223-101-004
City Garberville Zip 95560 County Humboldt Township 04 S
Latitude _____ N Longitude _____ W Range 04 E
Dec. Lat. 40.1294866 Dec. Long. -123.7086637 Section 11
Vertical Datum _____ Horizontal Datum WGS84 Baseline Meridian Humboldt
Location Accuracy _____ Location Determination Method _____ Ground Surface Elevation _____
Elevation Accuracy _____ Elevation Determination Method _____

Orientation Vertical Specify _____
Drilling Method Direct Rotary Drilling Fluid Air
Total Depth of Boring 200 Feet
Total Depth of Completed Well 200 Feet

Depth to first water 50 (Feet below surface)
Depth to Static _____
Water Level _____ (Feet) Date Measured _____
Estimated Yield* 25 Test Type Air Lift
Test Length 2 Total Drawdown _____ (Feet)
*May not be representative of a well's long term yield.

Depth from Surface Feet to Feet	Description
0 5	Top Soil
5 25	Sand & Gravel w/Clay
25 75	Brown Serpentine Gravel
75 80	Blue Clay
80 200	Fractured/Broken Franciscan Sandstone

Casing #	Depth from Surface Feet to Feet	Casing Type	Material	Casings Specifications	Wall Thickness (inches)	Outside Diameter (inches)	Screen Type	Slot Size if any (inches)	Description
1	0 21	Blank	Low Carbon Steel	Grade: ASTM A53	0.25	8			
2	0 40	Blank	Low Carbon Steel	Grade: ASTM A53	0.188	6			
2	40 75	Screen	Low Carbon Steel	Grade: ASTM A53	0.188	6	Milled Slots	0.125	Knife Cut
2	75 95	Blank	Low Carbon Steel	Grade: ASTM A53	0.188	6			
2	95 155	Screen	Low Carbon Steel	Grade: ASTM A53	0.188	6	Milled Slots	0.125	
2	155 175	Blank	Low Carbon Steel	Grade: ASTM A53	0.188	6			
2	175 200	Screen	Low Carbon Steel	Grade: ASTM A53	0.25	6	Milled Slots	0.125	

Depth from Surface Feet to Feet		Fill	Fill Type Details	Filter Pack Size	Description
0	21	Bentonite	Non Hydrated Bentonite		
21	200	Other Fill	See description.		no annular fill

Other Observations:

Depth from Surface Feet to Feet		Borehole Diameter (inches)
0	21	12
21	200	7.44

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

Name WATSON WELL DRILLING
Person, Firm or Corporation

500 Summer Street Eureka CA 95501
Address City State Zip

Signed _____ 11/09/2016 1014048
C-57 Licensed Water Well Contractor Date Signed C-57 License Number

WellReport_20161110_064523.pdf - WCR Final

Site Number / State Well Number

____	____	____	____	____	N	____	____	____	____	____	____	____	____	W
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Latitude Deg/Min/Sec **Longitude Deg/Min/Sec**

TRS: _____

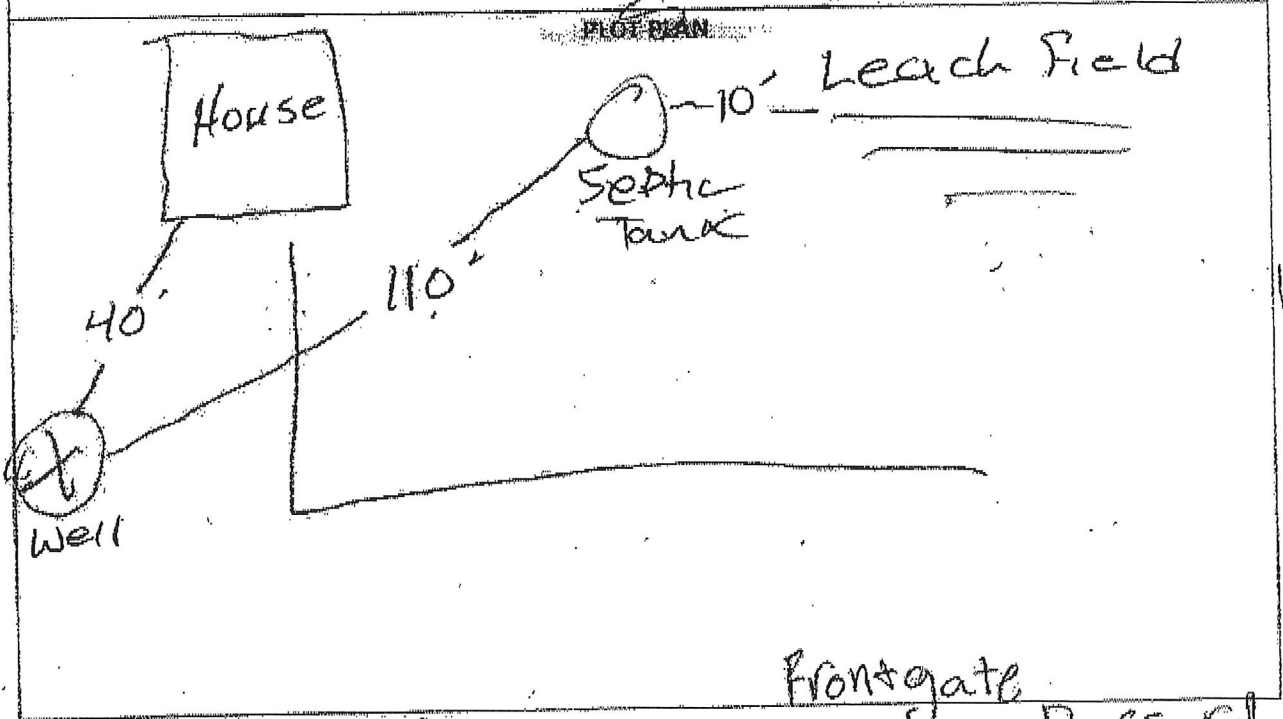
APN: _____

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<u>Estimated Work Dates:</u>	<u>Casing:</u>	<u>Type of Sewage System:</u>
Start _____	Diameter (in.) _____	<input type="checkbox"/> Community Sewer
Completion _____	Material _____	<input type="checkbox"/> OWTS (Septic)
		Distance from well site to OWTS _____

Special Requirements/Comments:



FOR OFFICE USE ONLY

Fee: <u>373</u>	Site Approved by: <u>[Signature]</u>
Date: <u>8/8/16</u>	Site Approved Date: <u>8/8/16</u>
Receipt: <u>91718</u>	Sealed to Depth of: _____
Project #: <u>116/17-0123</u>	Seal observed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Final Approved Date: _____

paid for by Watson Well Drilling

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: CBD FARMS, LLC

FILE NUMBER: 201621710118
FORMATION DATE: 07/25/2016
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 16, 2016.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State

MMS