

SANTA CLARA COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH
2220 Moorpark Avenue, San Jose, CA 95128
(408) 299-6060

**APPLICATION FOR A CLEARANCE FOR
AN INDIVIDUAL PRIVATE WATER SYSTEM-ONE SERVICE CONNECTION**

Application Date 8-24-07 Clearance # _____

Owners Name (please print) Leavesly Road Partners

Mailing Address 6806 Fall Brook Ct. # 1 Phone # (916)439-3180
Granite Bay, CA 94801

Well Site Location Leavesly Road- Parcel 3 AP# 893-34-001
address assessor's parcel #

Applicant's Name Leavesly Road Partners Phone # (916)439-4859

Application Fee \$ 584.00

Note:

1. All application fees are nonrefundable.
2. A denial may be reversed on appeal.

The undersigned property owner (s) hereby authorizes the filling of this application and on site review by authorized staff. I certify under penalty of perjury that the foregoing is true and correct.

Signature of Property Owner (s)

X

Date _____



GUARDINO WELL DRILLING, INC.

4825 CROY ROAD, MORGAN HILL, CA 95037

PHONE (408) 779-5904 FAX (408) 778-1692

www.guardinowell.com

August 21, 2007

TO: *MH Engineering*

RE: Parcel 3 Well Information


Enclosed, herewith, please find the following:

- ◆ Well Test and Pump Yield Report
- ◆ General Inorganic analysis
- ◆ Microbiological Analysis
- ◆ Water Well Completion Report
- ◆ Water Well Construction Diagram
- ◆ Water well construction permit

Please keep one copy for your records. The County will require one copy as part of your building permit/site approval application. **Suzanne Muzzio can answer water Quality Questions and/or Concerns at the Santa Clara County Dept. of Environmental Health (408) 918-3411.** We see no water quality or quantity concerns. SCCDEH will accept the aforementioned test for a period of two years from test date.

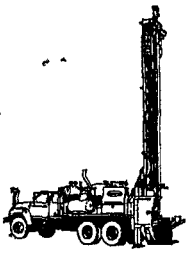
(2) Copies of the well documentation for this property has been mailed to Leavesley Road Partners, LLC. We have received payment in full and we have no mechanic's liens placed on the property.

Cordially,



Augie Guardino
General Manager

Encl.



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WELL TEST AND PUMP YIELD REPORT

CUSTOMER: Leavesley Road Partners, LLC.
LOCATION: Yarak Ct. (Leavesley Rd.)
Gilroy, CA 95020

TEST DATE: 8/3/07
APN: 898-34-002
WELL NO: e057503, #3-1

Well depth: 220 feet, casing size: 5".

Health department notified prior to testing: (x) yes () no.

Water sample collected for quality testing: (x) yes – attached () no.

IMPORTANT INFORMATION:

Testing began at: 12:00 PM on 8/3/07, with water at: 51 feet.
Duration of continuous pumping hours: Three hours.
Total yield: 3,960 gallons.
Draw down during test: 19 feet.
Water level $\frac{1}{2}$ hour after completion of test: 51 feet.
Average flow rate during test: 22 Gallons Per Minute.

ADDITIONAL INFORMATION:

Method of test: - submersible pump.
Pump was provided by: - *Guardino Well Drilling, Inc.* (rental)
Power was provided by: - *Guardino Well Drilling, Inc.* (generator).
Pump horsepower: - 1.5 hp, gallons per minute rating: 22+ GPM.
Pump setting: - 200'.
Misc.: - a sonic sounder was used to indicate water level.

Well was chlorinated prior to testing. I certify that our personnel performed the aforementioned pump test and the information provided here is correct to the best of my knowledge. This test is valid as of the date of the test. Conditions of water wells are subject to changes that cannot be predicted. This test is in no way a warranty, either implied or expressed as to future production.

Signed: *Angie Guardino*
Angie Guardino
General Manager, *Guardino Well Drilling, Inc.*

Date: 8/07/07



2337 Technology Pkwy., Suite K
Hollister, CA 95023

BOLSA ANALYTICAL
State Certified Laboratory #1326

Tel: (831) 637-4590
Fax: (831) 634-1854

GENERAL INORGANIC ANALYSIS

Project No.: 295
Date of Report: 08/20/07
Laboratory Name: Bolsa Analytical
Name of Sampler: Guardino Well Drilling, Inc.
Date/Time Sample Collected: 08/01/07
Date/Time Sample Received: 8/3/2007 14:05
Date Analyses Completed: 8/17/2007

Sample ID No. 72269
Signature Lab
Director:

COPY

Tomas Moreno, M.S.

Page 1 of 1

SYSTEM NAME: Leavesley Road Partners, LLC
SAMPLE SOURCE: Yarak Ct - Parcel 3
APN # 898-34-002
Well # e056502

ANALYTE	ANALYSES RESULTS	REPORTING UNITS	DLR	MCL
Nitrate (NO3)	3	mg/L	1	45
Fluoride (F)	0.6	mg/L	0.1	1.4 - 2.4
Aluminum (Al)	79	ug/L	50	1000
Arsenic (As)	24	ug/L	2	50
Barium (Ba)	176	ug/L	100	1000
Cadmium (Cd)	1	ug/L	1	5
Chromium (Total Cr)	< 10	ug/L	10	50
Iron (Fe)	208	ug/L +	100	300
Lead (Pb)	< 5	ug/L	5	50
Manganese (Mn)	< 20	ug/L +	20	50
Mercury (Hg)	< 1	ug/L	1	2
Selenium (Se)	7	ug/L	5	50
Silver (Ag)	< 10	ug/L +	10	100

DLR, Detection limit for reporting purposes

ND, None detected at or above DLR

MCL, Maximum contaminant levels

+ Indicates Secondary Drinking Water Standards

<= Less than

mg/L = milligrams per liter

ug/L = micrograms per liter

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Guardino Well Drilling, Inc.
4825 Croy Road
Morgan Hill, CA 95037

PROJECT N°: 295
DATE OF REPORT: 08/04/07
COLLECTED BY: Guardino Well Drilling, Inc.

ANALYSIS REPORT

LABORATORY No.	DATE SAMPLED	SAMPLE SITE	Total Coliform	<u>E. coli</u>
72269	08/03/07	Leavesley Road Partners, LLC Yarak Ct. - Parcel 3 APN # 898-34-002 Well # e056502	Absent	Absent

PRESENT = UNSAFE, ABSENT = SAFE

Type: Special

Method: Colifert, 100 ml

Tomas Moreno, M.S.
Lab. Director

STATE OF CALIFORNIA
WELL COMPLETION REPORT
No. **e057503**

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO / STATION NO.									
LATITUDE					LONGITUDE				
APN/TRS/OTHER									

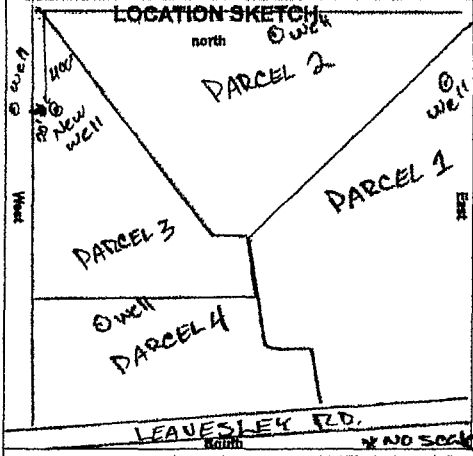
Owner's Well No. 3-1
Date Work Began 8/2/2007 8/3/2007
Local Permit Agency SCVWD
Permit No 07W00448 Permit Date 7/12/2007

GEOLOGIC LOG
ORIENTATION: Vertical
DRILLING METHOD Rotary-Air FLUID Foam

Depth from Surface	DESCRIPTION	
Ft. to Ft.		
0 3		Topsail
3 22		Clay Brown
22 31		Shale Brown
31 78		Clay Brown
78 145		Clay Gray
145 160		Shale Broken
160 220		Sandstone Very Fractured

WELL OWNER
Name Leavesley Rd. Partners, Llc.
Mailing Address 6806 Fallsbrook Ct., Ste. 1
City, St, Zip Granite Bay, CA 95746

WELL LOCATION
Address Old Leavesley Rd.
City, St, Zip Gilroy, CA 95020
County: Santa Clara
APN Book 898 Page 34 Parcel 002
Latitude Longitude



ACTIVITY
New
WATER SUPPLY
DOMESTIC
PLANNED USES

WATER LEVEL & YIELD OF COMPLETED WELL
DEPTH TO FIRST WATER 150 FT. BELOW SURFACE
DEPTH OF STATIC WATER LEVEL 51 DATE MEASURED 8/2/2007
ESTIMATED YIELD* 40 GPM TEST TYPE Air/lt
TEST LENGTH 2(hrs.) TOTAL DRAWDOWN -- Ft.

THE INFORMATION CONTAINED HEREON IS ACCURATE AS OF THE DATE BELOW AND IN NO WAY A WARRANTY, EITHER IMPLIED OR EXPRESSED AS TO THE FUTURE CONDITIONS.

TOTAL DEPTH OF BORING: 220 Ft.
TOTAL DEPTH OF COMPLETED WELL 220 Ft.

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

Depth from Surface	BORE-HOLE DIA.	Blank	Screen	Conductor	Fill Pipe	CASING			
						Material/ GRADE	INTERNAL DIAMETER	GAUGE OR WALL THICKNESS	SLOT SIZE
0 160	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVCF480	5	SDR21	
160 220	10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PVCF480	5	SDR21	0.032

Depth from Surface	ANNULAR MATERIAL	
	Fill	Filter Pack
0 52	<input checked="" type="checkbox"/> Cement	slurry
52 220	<input type="checkbox"/> Bentonite	3/8" pea

- ATTACHMENTS**
- Geologic Log
 - Well Construction Diagram
 - Geophysical Log(s)
 - Soil/Water Chemical Analysis
 - Other _____

CERTIFICATION STATEMENT
NAME Guardino Well Drilling, Inc. - Augie Guardino
ADDRESS 4825 Croy Road Morgan Hill, CA 95037
Signed Date AUG 15 2007
Well Driller/Authorized Representative

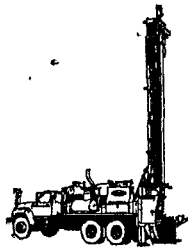
664960
C-57 LICENSE NUMBER

GUARDINO WELL DRILLING, INC.

4825 CROY ROAD, MORGAN HILL, CA 95037

PHONE (408) 779-5904 FAX (408) 778-1692

www.guardinowell.com



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WATER WELL CONSTRUCTION DIAGRAM

Well Diagram	Depth (feet)	Description	Well Information:
	Surface		Well ID/No.: 3-1 Permit Number: 07W00448 DWR Log No.: e057503 Well Site ID: Parcel 3 Yarak Ct. Date: 8/15/2007
	52	- Pumping water level at 70' after 3 hours at 22 GPM on 8/3/07.	Drilling Data: Driller: J. Garcia Bit: Tri-Cone Fluid: foam Rig: S685 Filed by: A. Guardino
	160	- We recommend a 20 GPM pump set at 160'.	Well Installation: Borehole Size: 0-220', 10" Casing Size: 5" PVC Screen Size: .032" factory Gravel Size: 3/8" pea Seal Type: bent. Slurry
	220		Notes: *Casing was hung plumb and center during installation of gravel pack.
← borehole → cap on bottom			Well Data Key: \\ sealing material {} centralizers == perforated casing ::: gravel pack & fill material

Please refer to attached DWR report for geology and additional information.

Family Owned and Operated since 1929



TO BE COMPLETED BY DISTRICT		
District Permit No.: <u>07W00448</u>	Date issued: <u>7-12-07</u>	Well Registration No.:
Geologic Setting: <u>N4</u>	Expiration Date: <u>1-12-08</u>	Driller's Log No.: <u>2057503</u>

TO BE COMPLETED BY OWNER AND DRILLER		
Well Owner: <u>Leavesley Rd. Partners, LLC</u>	Property Owner: <u>Leavesley Rd. Partners, LLC</u>	Name of Business at Well Site: <u>Vacant - Cattle Grazing</u>
Well Owner's Mailing Address: <u>6806 Fallsbrook Ct., Ste. 1</u>	Property Owner's Mailing Address: <u>6806 Fallsbrook Ct., Ste. 1</u>	Address of Well Site: <u>Yarak Ct. - Parcel 3</u>
City, State, Zip: <u>Granite Bay, CA 95746</u>	City, State, Zip: <u>Granite Bay, CA 95746</u>	City, State, Zip: <u>Gilroy, CA 95020</u>
Telephone No. & Contact Name: <u>916/676-2800 Rich - office</u>	Telephone No. & Contact Name: <u>916/439-3180 Rich - cell</u>	Telephone No.: <u>916/439-3180 Rich - cell</u>
Owner's/Consultant's Well No.: <u>3-1</u>		Assessor's Parcel Number of Well Site: <u>Book: 898 Page: 34 Parcel: 002</u>
Consultant (Company):	Drilling Company: <u>GUARDINO WELL DRILLING, INC.</u>	
Address:	Address: <u>4825 Gray Road</u>	
City, State, Zip:	City, State, Zip: <u>Morgan Hill, CA 95037</u>	
Telephone No.:	Telephone No.: <u>(408) 779-5904</u>	C-57 License No.: <u>664960</u>
<input type="checkbox"/> Check if address or phone number has changed	<input type="checkbox"/> Check if address or phone number has changed	

COPY

THIS SECTION TO BE COMPLETED FOR ALL MONITORING WELLS OR EXTRACTION/RECOVERY WELLS

CASE NAME: _____

Oversight Agency: _____ if under S.C.V.W.D oversight, list Case Number(s): _____

Type of monitoring device: <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Vadose	Signature of Responsible Professional (No substitution of signature will be accepted)
Type of extraction device: <input type="checkbox"/> Groundwater <input type="checkbox"/> Vadose	
Monitoring well use: <input type="checkbox"/> Depth <input type="checkbox"/> Quality <input type="checkbox"/> Chloride	
Nested Well: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: If Nested Well is proposed, a separate permit is needed for each casing.	
Print Name	
Registration No. Civil Engineer _____ OR Registration No. Geologist _____	

Estimated Depth of Completed Well: Less than 50 ft. 50 to 300 ft. Over 300 ft. Other: _____

Purpose of Well: Domestic Municipal/Industrial Agricultural Monitoring Cathodic Protection Other: _____

*Monitoring wells are those constructed for the purpose of obtaining repetitive water level measurements and/or repetitive air samples for analysis.

Well is to be Constructed: In a public sidewalk In a public road On public property On private property On SCVWD property*

Within 50 ft. of the top of a creek* Yes No

Within 50 ft. of any existing well Yes No

Within 50 ft. of sanitary sewer Yes No

Within 150 ft. of a cesspool or seepage pit Yes No

Within 100 ft. of a pit privy, septic tank, leachfield Yes No

Other wells exist on this property? Yes No

*See General Condition E, page 2.

Status: Active Inactive Abandoned

CERTIFICATION BY WELL OWNER/AGENT AND DRILLER/AGENT

I certify that the information given above is correct. I certify that the well will be constructed in compliance with the conditions of this permit (See Page 2), and Santa Clara Valley Water District Ordinance 90-1. I also certify that a joint of entry/encroachment agreement has been formalized between the well owner and property owner. If parties differ, I understand that it is my responsibility as the well owner, to notify this District of any changes in the purpose of this well, from that which is indicated on this application. NOTE: All applicable original signatures must be present before permit will be processed.

RECEIVED

S.C.V.W.D.

<u>[Signature]</u> Signature of Property Owner/Agent	6/14/07 Date	Aggie Guardino Print Name of Property Owner/Agent
<u>[Signature]</u> Signature of Well Owner/Agent	6/14/07/UL Date	Aggie Guardino Print Name of Well Owner/Agent
<u>[Signature]</u> Signature of Well Driller/Agent	6/14/07 Date	Aggie Guardino Print Name of Driller/Agent

DISTRICT WELL PERMIT NO.: 076200448

Based on information on this application and attachment(s) hereto (if any) and subject to approval noted below, permission is hereby granted to construct (drill) the described well. Permission to start work may be withheld until a field check verifies all statements made on application by Permittee and is also subject to the "General" and "Special" Conditions stated below.

COUNTY OF SANTA CLARA DEPARTMENT OF ENVIRONMENTAL HEALTH APPROVAL

Domestic Water Supply Wells Only (Note: D. E. H. Approval must be granted before this application will be accepted by S.C.V.W.D.)

Date: 6/28/07 Approved By: [Signature], R.E.H.S.

Approved As Submitted: Approved As Corrected:

SITE PLAN

A SITE PLAN MUST BE ATTACHED TO THIS APPLICATION
THE SITE PLAN MUST BE SUBMITTED ON 8 1/2" X 11" PAPER
THE SITE PLAN MUST CONTAIN:

1. Location of site features, including major buildings, landscaped areas, tank fields, existing wells, etc.
2. North arrow and scale
3. Location of proposed well with dimensions in feet from well to nearest cross streets

N-37, 04831.

W-121, 57458

D.W. 577'

GENERAL CONDITIONS

- A. SCVWD (Telephone 408-265-2607, Ext. 2660) MUST BE NOTIFIED A MINIMUM OF ONE WORKING DAY BEFORE CONSTRUCTION OF THE ANNULAR SEAL. An authorized District representative must be on site to witness the construction of the annular seal. This requirement may be waived by an authorized District representative. If the District waives the inspection requirement, the District may request the Permittee(s) to furnish certification, under penalty of perjury, that the well was constructed in accordance with the District Well Standards and with the permit conditions.
- B. This Permit is valid only for the purpose specified herein. Well construction methods authorized under this Permit may not be changed except by written approval of an authorized District representative, and only if the District believes that such a change will result in equal or superior compliance with the District and State Well Standards (e.g. If the District representative finds that site conditions warrant such a change).
- C. This Permit is only valid for the Assessor's Parcel Number indicated on it.
- D. This Permit may be voided if it contains incorrect information. If the permit is voided after work has begun, the well or boring that was constructed under this permit must be destroyed in accordance with District and State Well Standards.
- E. If any work associated with this permit will take place within 50 feet of the top of the banks of a stream, water course, or on SCVWD Property, an encroachment or construction permit must be granted by the District's Community Projects Review Unit (telephone 408-265-2607 Ext. 2589).
- F. Before the well constructed under this permit can be used as a drinking water source, its use must be approved by the regulatory agency with authority over such use (typically the Santa Clara County Department of Environmental Health or the State of California, Department of Water Resources, Office of Drinking Water). A completed Well Inventory Form must also be approved.
- G. If the well constructed under this permit cannot be or is not being used for its intended purpose, permittee is hereby required to destroy the well according to the District Well Standards and under permit from the District. Any test holes drilled under this permit must be destroyed within 24-hours of completion of testing activities. Destruction activities must be completed according to SCVWD standards. SCVWD must be notified a minimum of 24-hours prior to destruction.
- H. Within 60 days of the completion of the well construction activities, the driller or consultant identified on this permit shall fully complete State of California DWR Form 188 and mail the original to the District's Wells and Water Production Unit.
- I. The Permittee(s) shall assume entire responsibility for all activities and uses under this Permit and shall indemnify, defend, and hold the District, its officers, agents, and employees, free and harmless from any and all expense, cost, and liability in connection with or resulting from, the granting or exercise of this Permit including, but not limited to, property damage, personal injury, and wrongful death.
- J. Permittees are required to be in full compliance with Cal/OSHA California Labor Code Section 6300.
- K. A current C-57 Water Well Drilling Contractor's License is required for the construction of all wells.
- L. Permittee, permittee's contractors, consultants or agents shall be responsible to assure that all materials or waters generated during drilling, well construction, well development, pump testing, or other activities associated with this Permit, will be safely handled, properly managed, and disposed of according to all applicable federal, state, and local statutes regulating such. In no case shall these materials and/or waters be allowed to enter, or potentially enter, on- or off-site storm sewers, dry wells, or waterways. Such materials/waters must not be allowed to move off the property where the work is being completed.
- M. The driller and consultants (if applicable) shall have an active copy of their Worker's Compensation Insurance on file with District.
- N. This Permit shall expire if not exercised within 180 calendar days of its approval, unless an extension of the permit expiration date is granted by an authorized District representative.
- O. This permit must be kept on-site during the completion of all activities associated with it and shall immediately be presented to an authorized District representative upon request.

Special Conditions:

Community Projects Review Unit Approval: (if needed)

CPRU Permit No.:

Approved By: [Signature]

Date: 7/13/07

PLEASE ALLOW 10 WORKING DAYS TO PROCESS THIS APPLICATION