

JEFFREY E. LATOURETTE

341-2 Capitol Street
Salinas, Ca 93901
831-776-2691
831-422-2668

February 11, 2005

Lloyd Lowrey

Dear Lloyd,

I wanted to give you the production information on the well for APN# 151-011-053, 900 Laureles Grade, Carmel Valley. A timer was installed on 12-15-04 so that the well pumps 6 hours per day. The meter reading for the well when the timer was installed was 9513 gallons. The meter reading today is 91,210 gallons. By my calculations the well has been producing 1433 gallons of water per day with only 6 hours of pumping per day. Please call me with any questions.

Sincerely,

Jeffrey E. LaTourette

DUPLICATE
Driller's Copy
Page 1 of 2

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

OWNER USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE _____ LONGITUDE _____

APN/RS/OTHER _____

Owner's Well No. LATOURETTE
 Date Work Began 3/22/04 Ended 5/14/04
 Local Permit Agency MTRY. CTY. HEALTH DEPT.
 Permit No. 04-07310 Permit Date 3/18/04

No. **e10496**

WELL OWNER

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL HORIZONTAL ANGLE _____ (SPECIFY)

DRILLING METHOD ROTARY FLUID BENTONITE

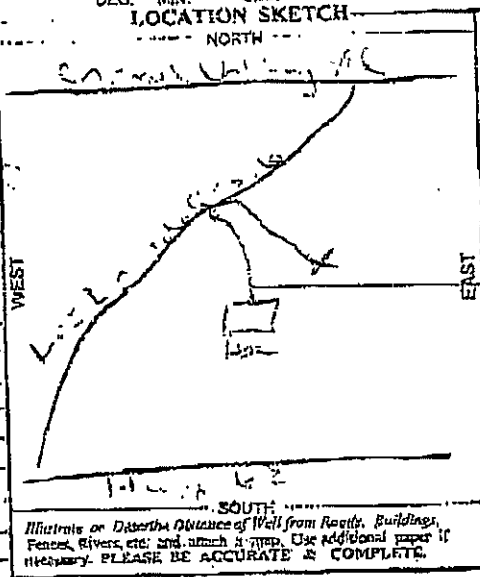
DEPTH FROM SURFACE (FL. to FL.)	DESCRIPTION
0	3 TOP SOIL
3	19 LOOSE BROWN SHALE
19	85 SANDSTONE
85	300 HARD ROCKS & GRANITE
300	400 GRAY CLAY & GRANITE
400	500 ROCKS, HARD GRANITE
500	550 HARD ROCKS & SAND
550	700 HARD SANDSTONE
700	800 FRACTURE GRANITE W/SAND

Describe material, grain, size, color, etc.

Name JEFFREY LATOURETTE
 Mailing Address 341-2 CAPITOL ST.
SALINAS CA 93901
 CITY STATE ZIP

WELL LOCATION

Address LOS LAURELES GRADE
 City SALINAS CA 93908
 County MONTEREY
 APN Book 151 Page 011 Parcel 053
 Township 16 S Range 2 E Section 21
 Latitude 36 530 49 121 750 08
 DEG. MIN. SEC. DEG. MIN. SEC.



ACTIVITY (✓)

NEW WELL

MODIFICATION/REPAIR

Deepen

Other (Specify) _____

DESTROY (Describe Procedures and Material Under GEOLOGIC LOG)

PLANNED USES (✓)

WATER SUPPLY

Domestic Public

Irrigation Industrial

MONITORING _____

(ESI) WELL _____

CATHODIC PROTECTION _____

HEAT EXCHANGE _____

DIRECT PUSH _____

INJECTION _____

VAPOR EXTRACTION _____

SPARGING _____

REMEDICATION _____

OTHER (SPECIFY) _____

Illustrate or Describe Distance of Well from Realty, Buildings, Fences, Rivers, etc. and attach if app. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (FL) BELOW SURFACE **1**

DEPTH OF STATIC WATER LEVEL _____ (FL) & DATE MEASURED _____

ESTIMATED YIELD _____ (GPM) & TEST TYPE _____

TEST LENGTH _____ (Hrs) TOTAL CRAWDOWN _____ (FL)

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

DEPTH FROM SURFACE (FL. to FL.)	BORE-HOLE DIA. (Inches)	CASING (S)					INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SI OT SIZE IF ANY (Inches)	DEPTH FROM SURFACE (FL. to FL.)	ANNULAR MATERIAL TYPE				
		BLANK	SCREEN	CAN-DIAGONAL	PIPE	FILL					CE-MENT	BEN-TONITE	FILL	FILTER PACK (TYPE/SIZE)	
0	200	10	✓				PVC	5		0	50	✓	✓	✓	6 X 12 SAND
200	240	10	✓				PVC	5		50	800				
280	280	10	✓				PVC	5							
300	320	10	✓				PVC	5							
340	360	10	✓				PVC	5							
380	400	10	✓				PVC	5							

ATTACHMENTS (✓)

Geologic Log

Well Construction Diagram

Geophysical Log(s)

Saltwater 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 SALINAS PUMP COMPANY
 (PERSON, FIRM OR CORPORATION) (TYPED OR PRINTED)

21935 ROSCHART WAY
 ADDRESS

MAK J. ...
 Signed _____

WELL DRILLER/AUTHORIZED REPRESENTATIVE

DATE SIGNED 05/25/04

CA 93908 STATE ZIP

515945 C-11 LICENSE NUMBER

IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVE PAGES.



MONTEREY PENINSULA WATER MANAGEMENT DISTRICT

5 HARRIS COURT, BLDG. G
POST OFFICE BOX 85
MONTEREY, CA 93942-0085 • (831) 658-5600
FAX (831) 644-9560 • <http://www.mpwmd.dst.ca.us>

WATER WELL REGISTRATION

This form must be completed and filed by the owner and/or agent on behalf of the owner of a new or existing water well within the Monterey Peninsula Water Management District.

Assessor's Parcel No.: 151-011-053 County Health Department Well Permit No.: _____

Describe Site Location of the Well (also attach site map): 900 Laureles Grade

Carmel Valley Ca 93924

Name (Owner): Justin LaTourette Name (Agent): _____

Mailing Address: 960 Laureles Mailing Address: _____

Grade Carmel Valley 93924

Owner's Phone Number: 831-659-1840 Agent's Phone Number: _____

I, the undersigned owner and/or agent on behalf of the owner of the well identified above, will report my annual water production by the Water Meter reporting method, in order to satisfy my obligation under Section 354 of the Monterey Peninsula Water Management District Law and Rule 52 of the Rules and Regulations of the Monterey Peninsula Water Management District (MPWMD).

The Water Meter reporting method requires installation and maintenance of a water meter on the well in accordance with the timetable, specifications and installation configuration required by Rule 56 of the Rules and Regulations of the MPWMD. Each year an annual reporting form will be sent to the well owner or agent to complete. Questions on the annual reporting form include the meter reading at the beginning and end of each reporting period (July 1-June 30).

This Well Registration form shall be effective until such time as an amended form is filed with the MPWMD. Information regarding MPWMD Rules and Regulations is available at the District office.

I understand that I am responsible for notifying the Monterey Peninsula Water Management District upon the change of ownership of the property described above. I declare under penalty of perjury that the information on this form is true and correct to the best of my knowledge and belief.

Signature: [Signature] Date: 1-8-09

Print Name: Justin E LaTourette City: Carmel Valley

Check here if this is an amended form _____

**PLEASE NOTE: ALL INFORMATION REQUESTED MUST BE PROVIDED
BEFORE THIS FORM CAN BE PROCESSED.**

ts/v/wp/wells/99/reg/reqfrm.999

FROM :

FAX NO. : 8317720201

Oct. 18 2005 09:06PM P4

FROM : SALINAS PUMP CO. 831-422-7829

PHONE NO. : 831 422 7829

0

Feb. 04 2005 01:47PM P2

	11:15	75	3 ½	193.3
	11:20	80	3 ½	196
	11:25	85	3 ½	197.9
	11:30	90	3 ½	200
	11:35	95	3 ½	202.5
	11:40	100	3 ½	204.3
	11:45	105	3 ½	207
	11:50	110	3 ½	210
	11:55	115	3 ½	213.7
	12:00PM	120	3 ½	215
	12:30	150	3 ½	223
	1:00	180	3 ½	230
	1:30	210	3 ½	236
	2:00	240	3 ½	242
	2:30	270	3 ½	249
	3:00	300	3 ½	251
	3:30	330	3 ½	257
	4:00	360	3 ½	263
	6:00	480	3	324
	8:00	600	3	378
	10:00	720	3	414
12/1/04	12:00AM	840	3	444
	2:00	960	2 ½	475
	4:00	1080	2 ½	500
	6:00	1200	2 ½	527
	8:00	1320	3	553
	10:00	1440	3	667
	12:00PM	1560	2 ½	730
	2:00	1680	2 ½	755
	4:00	1800	2	715
	6:00	1920	1	715
	8:00	2040	2	596
	10:00	2160	2	620
12/2/04	12:00AM	2280	2	644
	2:00	2400	2	666
	4:00	2520	2	674
	6:00	2640	2	682
	8:00	2760	2	692
	10:00	2880	2	702
	12:00PM	3000	2	712
	2:00	3120	2	722
	4:00	3240	1 ¾	732
	6:00	3360	1 ½	699
	8:00	3480	1 ½	693
	10:00	3600	1 ½	687



ENCLOSURE 2

MONTEREY PENINSULA WATER MANAGEMENT DISTRICT

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659-1840

WATER METER INSTALLATION INSPECTION

Inspection Date 11-2-2004 Well Name Permit # 04-07310

Name (Owner) Jeff La Tourette Name (Agent) _____

Phone Number 776-2691 Phone Number 422-2668

Well Address Top of Laurelos Grade MAIL = 3412 Capital St.
Salinas, CA 93902

Assessor's Parcel No.: 151-011-053 State Well No.: _____

Water Meter Manufacturer and Serial Number Invensys S/N 63489128

Meter Type (e.g. propeller, disc, etc.) _____

Meter Size (Inches) 3/4 Discharge Line (Inches) 2"

Meter Units gallons Meter Reading 0000010 ↙ stationary

Installation Date _____ Installed By Salinas Pump

Installation Provides Eight (8) Diameters of Straight Pipe Upstream and Downstream of the Water Meter (not connected d/s yet)

YES NO

If No, Does Installation Configuration Conform to Manufacturers Specifications

YES NO

Installation Provides a Full Flow of Liquid at the Meter Point

YES NO

Meter Equipped with Totalizer

YES NO

Installation is in Accordance with District Standards and Guidelines

YES NO

NOTES:

Installation OK, TL