

DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

ORIGINAL
File with DWR

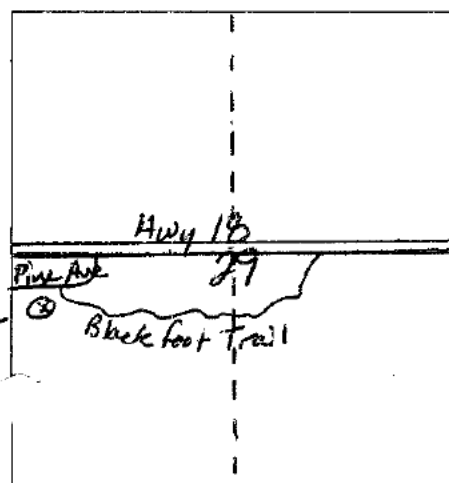
No. 293914

License of Intent No. _____

Local Permit No. or Date _____

State Well No. 02N/p3w29
Other Well No. _____(1) [Redacted]
Address [Redacted]
City [Redacted]

(2) LOCATION OF WELL (See instructions):

County San Bernardino Owner's Well Number TH-2
Well address if different from above Rimforest Lumber Yard
Township 0N Range 3W Section 29
Distance from cities, roads, railroads, fences, etc. off Pine Ave
on Blackfoot Trail in Rimforest

WELL LOCATION SKETCH

(3) TYPE OF WORK:

New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:

Domestic ☐
Irrigation ☐
Industrial ☐
Test Well ☒
Municipal ☐
Other ☐ (Describe)

(5) EQUIPMENT:

Rotary ☐ Reverse ☒
Cable ☐ Air ☒
Other ☐ Bucket ☐(6) GRAVEL PACK: DoneYes ☐ No ☐ Size _____
Diameter of bore _____
Packed from _____ to _____(7) CASING INSTALLED: NoneSteel ☐ Plastic ☐ Concrete ☐(8) PERFORATIONS: Done

Type of perforation or size of screen

From ft.	To ft.	Dia. in.	Gage or Wall	From ft.	To ft.	Slot size

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 200 ft.Were strata sealed against pollution? Yes ☒ No ☐ Interval 0-200 ft.Method of sealing Volclay Grout

(10) WATER LEVELS:

Depth of first water, if known 220 ft.Standing level after well completion 196 ft.

(11) WELL TESTS:

Was well test made? Yes ☐ No ☒ If yes, by whom? _____Type of test Pump ☐ Bailor ☐ Air lift ☐

Time 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(12) WELL LOG: Total depth 420 ft. Completed depth 0 ft.
from ft. to ft. Formation (Describe by color, character, size or material)0 - 420 Granite - alternating highly fractured and decomposed to fairly fresh and non-fractured.

[Redacted]

Work started 5/17 19 91 Completed 5/18 19 91

WELL DRILLER'S STATEMENT:

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

Signed Deanne Smith (Well Driller)NAME Cayne Environmental Services, Inc.Address 16018 Valley Blvd.City Fontana, CA ZIP 92335License No. 600469 Date of this report 7/15/91