

DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

ORIGINAL
File with DWR

No. 293913

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

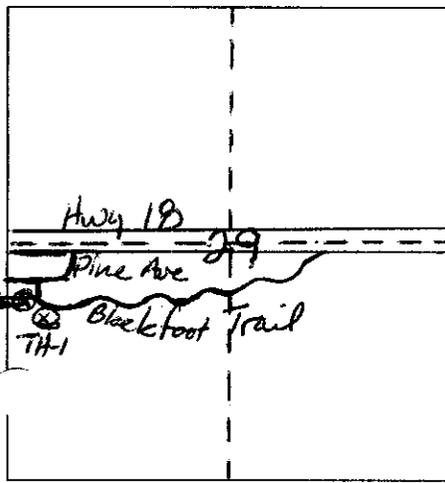
State Well No. 024/03W29
Other Well No. _____

(1) City _____
Address _____
City _____

(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 high by fractured and decomposed to fairly fresh and non-fractured

(2) LOCATION OF WELL (See instructions):
County San Bernardino Owner's Well Number TH-1
Well address if different from above Rimforest Lumber Yard
Township 2N Range 3W Section 29
Distance from cities, roads, railroads, fences, etc. off Pine Ave and Blackfoot Trail in Rimforest



(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: None
Yes No Size _____
Diameter of bore _____
Packed from _____ to _____ ft.

(7) CASING INSTALLED: None
Steel Plastic Concrete
From ft. To ft. Dia. in. Gage or Wall

(8) PERFORATIONS: None
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 200 ft.
Were strata sealed against pollution? Yes No Interval 0-200 ft.
Method of sealing Valley Grout

(10) WATER LEVELS:
Depth of first water, if known 820 ft.
Standing level after well completion 194 ft.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? _____
Type of test _____ Pump Bailer 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

Work started 5/15 19 91 Completed 5/16 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 Delores Smith (Well Driller)
NAME Layne Environmental Services, Inc.
Address 16018 Valley Blvd
City Fontana CA ZIP 92335
License No. 600469 Date of this report 7/15/91