

ORIGINAL  
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DEPARTMENT OF WATER RESOURCES  
WATER WELL DRILLERS REPORT

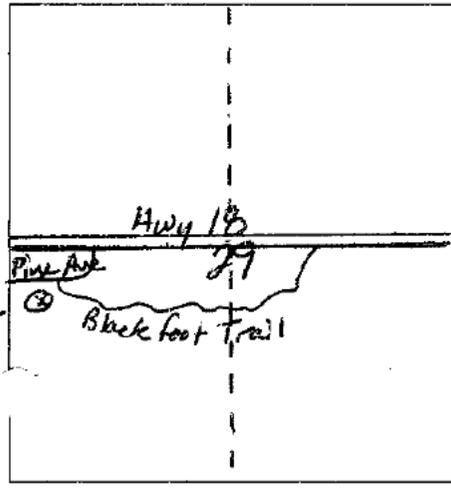
No. 293914

License of Intent No. \_\_\_\_\_  
Local Permit No. or Date \_\_\_\_\_

State Well No. 02N/p3w29  
Other Well No. \_\_\_\_\_

(1) Address \_\_\_\_\_  
City \_\_\_\_\_  
(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

(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.



(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 Done  
Yes  No  Size \_\_\_\_\_  
Diameter of bore \_\_\_\_\_  
Packed from \_\_\_\_\_ to \_\_\_\_\_

(7) CASING INSTALLED: None  
Steel  Plastic  Concrete   
Table with columns: From ft., To ft., Dia in., Gage or Wall, Type of perforation or size of screen.

(8) PERFORATIONS: None  
Table with columns: 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  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 5/17 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 Debra Smith (Well Driller)  
NAME Cayne Environmental Services, Inc.  
Address 16018 Valley Blvd.  
City Fontana, CA ZIP 92335  
License No. 600469 Date of this report 7/15/91

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