

QUADRUPLICATE
Use to comply with
local requirements

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do not fill in

No. **338086**

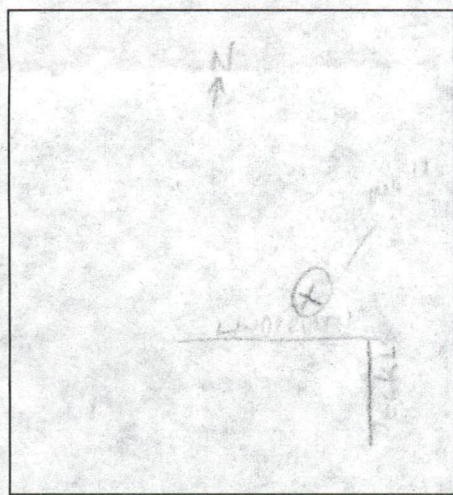
Notice of Intent No. _____
Local Permit No. or Date 16672

State Well No. _____
Other Well No. _____

(1) OWNER: Name F.L. Hutchins
Address 44640 XXXXX E. Benton Road
City Sage, CA ZIP _____
(2) LOCATION OF WELL (See instructions):
County Riverside Owner's Well Number _____
Well address if different from above _____
Township 7S Range 1E Section 4
Distance from cities, roads, railroads, fences, etc. _____
Tikwas road 1/4 10-1 12-5

(12) WELL LOG: Total depth 200 ft. Completed depth 200 ft.

| from ft. | to ft. | Formation (Describe by color, character, size or material) |
|----------|--------|--|
| 0 | 120 | Secomposed Granite |
| 120 | 162 | BLACK & WHITE GRANITE |
| 162 | 163 | FRACTURE |
| 163 | 169 | BLACK & WHITE GRANITE |
| 169 | 172 | Fracture |
| 172 | 194 | BLACK & WHITE GRANITE |
| 194 | 197 | FRACTURE |
| 197 | 200 | BLACK & WHITE GRANITE |



(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)

WELL LOCATION SKETCH

(5) EQUIPMENT:
Rotary Reverse
Cable Air
Other Bucket

(6) GRAVEL PACK:
Yes No Size 3/8
Diameter of bore 6 1/2
Packed from 200 to 50 ft.

(7) CASING INSTALLED:
Steel Plastic Concrete

(8) PERFORATIONS:
Type of perforation or size of screen

| From ft. | To ft. | Dia. in. | Gage or Wall | From ft. | To ft. | Slot size |
|----------|--------|----------|--------------|----------|--------|-----------|
| 200 | Top | 4" | 160 | 200 | 170 | 5/32 |

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth 20 ft.
Were strata sealed against pollution? Yes No Interval _____ ft.
Method of sealing CEMENT

Work started 7/24 1990 Completed 7/25 1990

(10) WATER LEVELS:
Depth of first water, if known 70 ft.
Standing level after well completion _____ ft.

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? DRILLER
Type of test Pump Bailer Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge 7 gal/min after 4 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

Signed [Signature] (Well Driller)
NAME A & B WATER WELL DRILLING, INC.
Address 42041 Avenida Alvarado
City Temecula, CA ZIP 92390
License No. 564580 Date of this report 8/13/990