

WELL LABEL # L 88770

START CARD # 1001033

(1) LAND OWNER Owner Well I.D. _____
 First Name JOHN Last Name SHORT
 Company _____
 Address PO BOX 1830
 City BEND State OR Zip 97701

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 190.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
12	0	18.5		0	18.5	16
8	18.5	190				

How was seal placed: Method A B C D E
 Other **POURED DRY**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	1.5	18.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6	<input type="checkbox"/>	10	190	.188	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method FACTORY
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
			6	150	190	.125	3	456	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 100 Drawdown _____ Drill stem/Pump depth 190 Duration (hr) _____
 Temperature 56 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County _____ Twp 14.00 N/S Range 12.00 E/W WM
 Sec 20 1/4 of the _____ 1/4 Tax Lot 500
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

70337 NW LOWERBRIDE WAY

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	<u>05-22-2007</u>			<u>80</u>

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 82

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
<u>05-22-2007</u>	<u>82</u>	<u>190</u>	<u>100</u>			<u>80</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
BROWN SAND AND GRAVELS	0	8
GRAY LAVA	8	37
SANDSTONE CONGLOMERATE	37	42
BROWN SANDSTONE	42	113
SANDSTONE CONGLOMERATE	113	190

RECEIVED

MAY 19 2007

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 05-22-2007 Completed 05-22-2007

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1852 Date 05-29-2007
 Electronically Filed
 Signed JEB W ABBAS (E-filed)

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1720 Date 05-29-2007
 Electronically Filed
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____