| | | | . | Page 1 of 2 |
|--|--------------------------|--|--------------------------|------------------|
| STATE OF OREGON | CLAC 71215 | WELL I.D. LABEL# I | | |
| WATER SUPPLY WELL REPORT | 4/2/2015 | START CARD # | 1025353 | |
| (as required by ORS 537.765 & OAR 690-205-0210) | 4/2/2015 | ORIGINAL LOG # | | |
| (1) LAND OWNER Owner Well I.D. | | | | |
| First Name MATT Last Name DAY Company SILVER FOX RV PARK | | TION OF WELL (legal d | | |
| Address PO BOX 189 | | <u>CKAMAS</u> Twp <u>4.00</u> <u>S</u> N/ | | |
| City ESTACADA State OR Zip 97023 | Sec <u>18</u> | NE 1/4 of the SW | 1/4 Tax Lot 2100 | |
| (2) TYPE OF WORK New Well Deepening Conve | Tax Map Nur | nber ' or' or | Lot | |
| Alteration (complete 2a & 10) Abandonment(cor | mplete 5a) | or | | DMS or DD |
| (2a) PRE-ALTERATION | Long | Street address of well | arest address | DMS or DD |
| Casing: To Gauge Stl Plstc Wld Thrd | 40505 SE H | \sim | | |
| Material From To Amt sacks/lbs | 40505 SE II | W 1 224 | | |
| Seal: | | | | |
| (3) DRILL METHOD | (10) STAT | TIC WATER LEVEL | | |
| Rotary Air Rotary Mud Cable Auger Cable Mud | Existing | Date Well / Pre-Alteration | SWL(psi) + | SWL(ft) |
| Reverse Rotary Other | Complete | | | 142 |
| (4) PROPOSED USE Domestic Irrigation X Community | | Flowing Artesian? | Dry Hole? | 112 |
| Industrial/Commercial Livestock Dewatering | WATER BEA | | ter was first found 16 | 5.00 |
| Thermal Injection Other | - SWL Date | 1 | Flow SWL(psi) + | |
| (5) BORE HOLE CONSTRUCTION Special Standard (A | | | | |
| Depth of Completed Well 220.00 ft. | .ttach copy) $1/21/2015$ | 165 220 | 96 | 142 |
| BORE HOLE SEAL | sacks/ | | | |
| Dia From To Material From To Ar | nt lbs | | | |
| | .5 S | | | |
| | 00 P | | | |
| Calculated 960 | | LOG Ground Elevation | n | |
| How was seal placed: Method A B C D | Е | Material | From | То |
| X Other POURED & TAMPED | brown clay | | 0 | 17 |
| Backfill placed from ft. to ft. Material | | 1- | 17 | 78 |
| Filter pack from ft. to ft. MaterialSize | rhododendrom | 1 FOCK | 91 | <u>91</u> 140 |
| Explosives used: Yes Type Amount | | rock fractured | 140 | 178 |
| (5a) ABANDONMENT USING UNHYDRATED BENTONIT | | | | 181 |
| Proposed Amount Actual Amount | multi colored | rock fractured w/b | 181 | 220 |
| (6) CASING/LINER | | | | |
| Casing Liner Dia + From To Gauge Stl Plstc V | | | | |
| $ \bigcirc \bigcirc \bigcirc 6 \qquad \boxed{X} 1.5 220 250 \qquad \bigcirc \bigcirc 1 \boxed{200} \boxed{0} 0$ | – − − | | | |
| | ┥┝┥┠──── | | | |
| | ┥┝┥┠──── | | | |
| | | | | |
| Shoe X Inside Outside Other Location of shoe(s) 220 |) | | | |
| Temp casing X Yes Dia 10 From 0 To 21 | | | | |
| (7) PERFORATIONS/SCREENS | | | | |
| Perforations Method | _ [| | | |
| Screens Type certalok Material pvc Perf/ Casing/ Screen Scrn/slot Slot # of | Date Starte | cd1/12/2015 Comp | pleted <u>1/21/2015</u> | |
| 0 | | Water Well Constructor Certifi | cation | |
| Screen Liner 4 160 220 .1 | I certify that | the work I performed on the co | | |
| | | t of this well is in compliance | | |
| | | standards. Materials used and int y knowledge and belief. | ionnation reported ab | ove are true to |
| | License Num | | ite | |
| (8) WELL TESTS: Minimum testing time is 1 hour | <u> </u> | | | |
| Pump Bailer Air Flowing Ar | signed | | | |
| <u>Yield gal/min</u> Drawdown Drill stem/Pump depth Duration (hi | | ater Well Constructor Certificati | ion | |
| 90 2 160 22 | · / | onsibility for the construction, de | | or abandonmen |
| | | ned on this well during the constru | | |
| | performed d | uring this time is in complianc | e with Oregon wate | r supply wel |
| Temperature <u>54</u> °F Lab analysis Yes By | | standards. This report is true to the | e best of my knowledg | ge and belief. |
| Water quality concerns? Yes (describe below) TDS amount Units License Number 1771 Date 4/2/2015 | | | | |
| From To Description Amount | | ORGE YOUNGBERG (E-filed) | | |
| | | (optional) Youngberg pump & we | ell drilling ph. 503-630 |)-3970 |
| | | (*r*******) <u> </u> | | |

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

WATER SUPPLY WELL REPORT -

continuation page

4/2/2015 (2a) PRE-ALTERATION Dia + From То Gauge Stl Plstc Wld Thrd Material From Amt sacks/lbs То (5) BORE HOLE CONSTRUCTION BORE HOLE SEAL sacks/ Dia From То Material From То Amt lbs Calculated Calculated Calculated Calculated FILTER PACK Size Material From То (6) CASING/LINER Casing Liner Gauge Stl Plstc Wld Thrd Dia + From To (7) PERFORATIONS/SCREENS Perf/ Casing/ Screen Scrn/slot Slot # of Tele/ Screen Liner Dia То slots From width length pipe size (8) WELL TESTS: Minimum testing time is 1 hour

| Yield gal/min | Drawdown | Drill stem/Pump dep | th Duration (hr) |
|---------------|----------|---------------------|------------------|
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CLAC 71215

WELL I.D. LABEL# L 116188 START CARD # 1025353 ORIGINAL LOG

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Water Quality Concerns

| From | То | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(10) STATIC WATER LEVEL

| SWL Date | From | То | Est Flow | SWL(psi) | + | SWL(ft) |
|----------|------|----|----------|----------|---|---------|
| | | | | | | |
| | | | | | | |
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(11) WELL LOG

| Material | From | То |
|----------|------|----|
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Comments/Remarks