

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

09-11-2008

WELL LABEL # L 93133

START CARD # 1004902

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
Company BOTTERO PARK IMPROVEMENT DIST.
Address 63205 ANIKA LANE
City BEND State OR Zip 97701

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

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other _____

(4) PROPOSED USE [X] Domestic [] Irrigation [] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 301.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs

How was seal placed: Method [] A [] B [] C [] D [] E

[] Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Saw

Screens Type _____ Material _____

Table with columns: Perf/S creen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

[] Pump [] Bailer [X] Air [] Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 64 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Crook Twp 17.00 S N/S Range 17.00 E E/W WM

Sec 4 NE 1/4 of the SW 1/4 Tax Lot 3600

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[] Street address of well [] Nearest address

19458 SE PARK AVE.

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found _____

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To

Date Started 09-11-2008 Completed 09-11-2008

(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 _____ Date _____

Electronically Filed

Signed _____

(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 1583 Date 09-11-2008

Electronically Filed

Signed DAVID A SCHLICHTING (E-filed)

Contact Info (optional)