

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

10-26-2006

WELL LABEL # L 80251

START CARD # 1000170

(1) LAND OWNER Owner Well I.D. 1164

First Name Harvey Last Name Boyle
Company SIXES BOGS INC
Address 210 Nelson Way
City Grants Pass State OR Zip 97526

(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 79.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 8, 0, 79, , , , ,

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. Row 1: 8, 1, 49, .250, , , ,

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

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type V-Wire Material Stainless Steel

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: Screen, 8, 49, 69, .012, , , 8

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, 27, 70, 1

Temperature 53 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 Curry Twp 31.00 S N/S Range 15.00 W E/W WM
Sec 32 SW 1/4 of the NE 1/4 Tax Lot 1100
Tax Map Number Lot
Lat ' " or DMS or DD
Long ' " or DMS or DD
Street address of well Nearest address

92619 Airport Road, Sixes

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Row 1: 10-24-2006, 21.3

Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 21.25

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 10-25-2006, 21.25, 79, 100, 21.25

(11) WELL LOG Ground Elevation 300

Table with columns: Material, From, To. Row 1: See Original well log Start Card #63540, 0, 79

Date Started 10-24-2006 Completed 10-25-2006

(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 1493 Date 10-26-2006
Electronically Filed
Signed JAMES A MACK SR (E-filed)
Contact Info (optional) BANDON WELL & PUMP COMPANY (541) 347-7867

