

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 92505

START CARD # 198752

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

First Name John Last Name Schleining
Company Paradise Lodge Resort
Address 3140 Juanipero Way
City Medford State OR Zip 97504

(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 35 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
9	0	29	Cement	0	29	6	\$
5	29	36					

How was seal placed: Method A B C D R
 Other _____

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	Sil	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5		2	29	250	<input checked="" 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 _____ Material _____
Screens Type _____

Perf/S	Casing/	Screen	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia			width	length	slots	pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
22	26	34	2

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 CURRY Twp 33 S N/S Range 10 W E/W WM
Sec 18 NW 1/4 of the NE 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

53 miles upstream Rogue River from Gold Beach

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	04-18-2008			14

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 32

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
04-18-2008	32	36	25			14

(11) WELL LOG

Material	From	To
sandy loam	0	4
clay with small gravel	4	12
weathered shale	12	22
shale	22	32
broken shale	32	36

RECEIVED

OCT 08 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 01-22-2008 Completed 04-18-2008

(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 1478 Date 10-08-2008
Password: (if filing electronically) _____
Signed: _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction data 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 1478 Date 10-08-2008
Password: (if filing electronically) _____
Signed: _____
Contact info (optional) _____

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City Medford State OR Zip 97504

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[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD
[] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy
Depth of Completed Well 36 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 9, 0, 29, Cement, 0, 29, 6, S

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

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: 5, 2, 29, .250, [X]

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

(7) PERFORATIONS/SCREENS

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

(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)

Temperature 56 °F Lab analysis [] Yes By

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

(9) LOCATION OF WELL (legal description)

County CURRY Twp 33 S N/S Range 10 W E/W WM
Sec 18 NW 1/4 of the NE 1/4 Tax Lot
Tax Map Number Lot
Lat ° 0 ' " or DMS or DD
Long ° 0 ' " or DMS or DD
[] Street address of well [] Nearest address

53 miles upstream Rogue River from Gold Beach

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft)

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

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation

RECEIVED

OCT 10 2008

Ashland Drilling Inc
600 S. Pacific Hwy.
Talent, OR 97540
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 01-22-2008 Completed 04-18-2008

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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.

License Number 1478 Date 10-08-2008
Password: (if filing electronically)
Signed [Signature]

(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.

License Number 1478 Date 10-08-2008
Password: (if filing electronically)
Signed [Signature]
Contact Info (optional)