

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-29-2009

WELL LABEL # L 97803

START CARD # 1006886

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

First Name _____ Last Name _____
Company CEDAR BEND GOLF COURSE
Address 34391 CEDAR VALLEY ROAD
City GOLD BEACH State OR Zip 97444

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] 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 [X] Community

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

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

Depth of Completed Well 60.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Includes Bentonite Chips entry.

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

[X] 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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes entries for 6" and 4" diameters.

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

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Torch

Screens Type PVC Material PVC

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 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes entry: 30, 50, 1.

Temperature 59 °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 35.00 S N/S Range 13.00 W E/W WM

Sec 16 NW 1/4 of the NW 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[] Street address of well [X] Nearest address

34391 CEDAR VALLEY ROAD
GOLD BEACH, OR 97444

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 05-27-2009 [X] 16

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 38

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes entry for 05-27-2009.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Includes entries: Brown sandy soil, Sand, Gravel & Clay, Black Claystone.

Date Started 05-27-2009 Completed 05-27-2009

(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 709 Date 05-29-2009

Electronically Filed

Signed GLEN L MEYER (E-filed)

Contact Info (optional) Barbara Meyer