

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 86839

START CARD # 148618

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name STEPHEN F ROTH
Address 56200 PINE MOUNTAIN RD
City Beast State OR Zip 97701

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 840 ft.
Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | Sacks or Pounds |
|-----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 24" | 0 | 50 | Bent | 0 | 50 | 170 |
| 16" | 50 | 840 | | | | |

How was seal placed: Method A B C D E
 Other 3/4 hole plug
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-------------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 16" | 41 | 50 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1500 gal Drawdown 25' Drill stem at 4 hr Time _____

Temperature of water 65° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Top little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Deschutes
Tax Lot 200 Lot _____
Township 22 N or S Range 21 E or W WM
Section 8 SW 1/4 NE 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) NO address assigned

(10) STATIC WATER LEVEL
129 ft. below land surface. Date 4-5-07
129 ft. below land surface. Date 4-5-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 320 | 325 | 50 gal | 124 |
| 570 | 590 | 700 gal | 129 |
| 790 | 790 | 800 gal | 129 |

(12) WELL LOG Ground Elevation _____

| Material | From | To | SWL |
|------------------------|------|-----|-----|
| TOP SOIL | 0 | 2 | |
| Brown clay | 2 | 15 | |
| Tan clay | 15 | 25 | |
| Brown clay hard | 25 | 65 | |
| Sand clay brown | 65 | 132 | |
| Sand with pebbles clay | 132 | 320 | |
| Brown | | | |
| Brown sand steel | 320 | 430 | |
| Brown clay with sand | 430 | 460 | |
| Blue Basalt | 460 | 530 | |
| Broken green shale | 530 | 570 | |
| Red clay | 570 | 590 | |
| Gray Basalt | 590 | 620 | |
| Blue Basalt | 620 | 790 | |
| Red clay | 790 | 790 | |
| Green lava rock | 790 | 840 | |

Date Started 1-31-07 Completed 4-5-06

(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.

WWC Number _____ Date _____

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.

WWC Number 16541 Date 5-11-07

Signed [Signature]

RECEIVED
MAY 23 2007
WATER RESOURCES DEPT
SALEM, OREGON