DOUG 55/07

DOUG 55707

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

08-03-2009

| | O.J. Page 1 of 1 |
|---------------------|------------------|
| WELL LABEL # L 2638 | - N/A |
| START CARD # 10074 | 10 |

| (1) LAND OWNER Owner Well I.D. | (9) LOCATION OF WELL (legal description) |
|---|--|
| First Name Last Name | County Douglas Twp 26.00 S N/S Range 3.00 E E/W WM |
| Company PACIFICORP ENERGY Address 7200 TOKETEE SCHOOL RD. | Sec 36 NW 1/4 of the SW 1/4 Tax Lot 100 |
| City IDLEYLD PARK State OR Zip 97447 | Lat " or DMS or DD |
| (2) TYPE OF WORK New Well Deepening Conversion | Long O' or DMS or DD |
| Alteration (repair/recondition) Abandonment | CStreet address of well Nearcat address CLEARWATER VILLAGE |
| (3) DRILL METHOD | IDLEYLD PARK, OR 97447 |
| Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other | (10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) |
| (4) PROPOSED USE Domestic Irrigation Community | Existing Well / Predeepening Completed Well |
| Industrial Commercial Livestock Dewatering | |
| Thermal Injection Other | Flowing Artesian? Dry Hole? WATER BEARING ZONES Depth water was first found |
| (5) BORE HOLE CONSTRUCTION Special Standard Attach copy) | SWL Date From To Est Flow SWL(psi) + SWL(ft) |
| Depth of Completed Well ft. | SWE DAR FIOW SWEATH SWEATH |
| BORE HOLE SEAL sacks/ | |
| Dia From To Material From To Amt Ibs | |
| 6 0 55 Cement 0 55 54 S | |
| | |
| | (11) WELL LOG Ground Elevation |
| How was seal placed: Method A B C D E | Material From To |
| Other | Clean-Out, Perf Casing, Abandon Well 0 55 |
| 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 Stl Plate Wld Thrd | RECEIVED FEB 2 9 2011 OCT 1 9 2009 |
| Shoe Inside Outside Other Location of shoe(s) | WALER RESOURCES DEPT |
| Temp casing Yes Dia From To | SALEM, OREGON WATER RESOURCES DEP |
| (7) PERFORATIONS/SCREENS | SALEM, OREGON |
| Perforations Method Air Perforator | SALENI, OTICOOT |
| Screens Type Material | |
| Port/S Casing/ Screen Scrn/slot Slot # of Tele/ | Date Started 07-07-2009 Completed 02-07-2009 D. 5 |
| creen Liner Dia From To width length slots pipe size | Analyticans & |
| Perf Casing 6 0 55 .1 2 600 (8) WELL TESTS: Minimum testing time is 1 hour | (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 1878 Date 08-03-2009 Electronically Filed |
| Pump Bailer Air Flowing Artesian | Signed KERRY SCHATTENKERK (E-filed) |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) | |
| | (bonded) Water Well Constructor Certification |
| Temperature "F Lab analysis Yes By Water quality concerns? Yes (describe below) | 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. |
| From To Description Amount Units | License Number 1284 Date 08-03-2009 |
| | Electronically Filed |
| | Signed DOUG P SCHATTENKERK (E-filed) Contact Info (optional) Southern Oregon Water Wella 541-672-7834 |
| | Marie Well 34 101 /2/1534 |

DOUG 55707

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

08-03-2009

Page 1 of 1 WELL LABEL # L 26230 START CARD # 1007410

| (1) LAND OWNER Owner Well I.D. | (9) LOCATION OF WELL (legal description) |
|--|--|
| First Name Last Name | County Douglas Twp 26.00 S N/S Range 3.00 E E/W WM |
| Company PACIFICORP ENERGY | Sec 36 NW 1/4 of the SW 1/4 Tax Lot 100 |
| Address 7200 TOKETEE SCHOOL RD. | Tax Map Number Lot |
| City IDLEYLD PARK State OR Zip 97447 | Lat ° 0 ' " or DMS or DD |
| (2) TYPE OF WORK New Well Deepening Conversion | Long 0 ' " or DMS or DD |
| Alteration (repair/recondition) Abandonment | C Street address of well Nearest address |
| | CLEARWATER VILLAGE |
| (3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other | (10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) |
| (4) PROPOSED USE Domestic Irrigation Community Industrial/ Commercial Livestock Dewatering | Existing Well / Predeepening Completed Well Flowing Artesian? Dry Hole? |
| Thermal Injection Other | |
| (5) BORE HOLE CONSTRUCTION Special Standard Attach copy) | WATER BEARING ZONES Depth water was first found SWL Date From To Est Flow SWL(psi) + SWL(ft) |
| Depth of Completed Well ft. BORE HOLE SEAL sacks/ | SWL Date From To Est Flow SWL(psi) + SWL(ft) |
| Dia From To Material From To Amt lbs 6 0 55 Coment 0 55 54 S | |
| 6 U 33 Cemen U 33 34 S | |
| | (11) WELL LOG Ground Elevation |
| Ummandalata Matata Da Da Mo Da De | Glowid Elevation |
| How was seal placed: Method A B C D E | Material From To Clean-Out, Perf Casing, Abandon Well 0 55 |
| Backfill placed fromft. toft. Material | 0 33 |
| Filter pack from ft. to ft. Material Size | |
| Explosives used: Yes Type Amount | |
| (6) CASING/LINER | |
| Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd | |
| | |
| | RECEIVED |
| | The state of the s |
| | OCT 1 9 2009 |
| Shoe Inside Outside Other Location of shoe(s) | 001 1 9 2003 |
| | WATER RESQUECES DEPT |
| Temp casing Yes Dia From To | WATEH RESOURCE DE |
| Perforations Method Air Perforator | SALEM, OREGON |
| Screens Type Material | |
| Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ | |
| creen Liner Dia From To width length slots pipe size | Date Started 07-07-2009 Completed 08-07-2009 |
| Perf Casing 6 0 55 .1 2 600 | (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. |
| (8) WELL TESTS: Minimum testing time is 1 hour | License Number 1878 Date 08-03-2009 |
| Pump Bailer Air Flowing Artesian | Electronically Filed |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) | Signed KERRY SCHATTENKERK (E-filed) |
| | (bonded) Water Well Constructor Certification |
| | I accept responsibility for the construction, deepening, alteration, or abandonment |
| Temperature °F Lab analysis Yes By | 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 |
| Water quality concerns? Yes (describe below) | construction standards. This report is true to the best of my knowledge and belief. |
| From To Description Amount Units | License Number 1284 Date 08-03-2009 |
| | Electronically Filed |
| | Signed DOUG P SCHATTENKERK (E-filed) Contact Info (optional) Southern Oregon Water Wells 541-672-7834 |