

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 97749

START CARD # 204945

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

1) LAND OWNER Owner Well I.D.
First Name T.M Last Name McFadden
Company Dawney Enterprises
Address 974 NW Mahogany
City Silverdale State WA Zip 98383

(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 Injection
 Thermal Other

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 360 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	0	55	Bentonite	0	55	30 Scks	
8"	55	360					

How was seal placed: Method A B C D E

Other Poured and Tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		8"	+	2	55	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) 55'
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Sern	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
				<u>N/A</u>						

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 2 G.P.M. Drawdown _____ Drill stem/Pump depth 360' Duration (hr) 1 hr.
MAY Fluctuate

Temperature 55 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Douglas Twp 26 No 9 Range 3 E or W W.M.
Sec 10 1/4 of the _____ 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat 43° 19' 38.5" or _____ DMS or DD
Long 123° 02' 57.8" or _____ DMS or DD
Street Address of Well (or nearest address) 22284 North Umpqua Hwy. Idylld Park. OR. 97447

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>7-7-10</u>			<u>35'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 98'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-7-10</u>	<u>98</u>	<u>99</u>	<u>2 G.P.M.</u>			<u>35'</u>

MAY Fluctuate

(11) WELL LOG Ground Elevation _____

Material	From	To
Clay Brown	0	10
Sandstone-Weathered Brown	10	12
Volcanic-Red-Soft	12	30
Volcanic-Med-Med	30	41
Volcanic-Gray-Broken	41	46
Volcanic-med	46	47
Volcanic-Broken-Gray	47	50
Volcanic-med-Hard	50	70
Volcanic-med-Soft	70	98
Broken		
Volcanic-Water Bearing	98	99
Volcanic-med-Soft	99	160
Serpentin-med-Hard	160	238
Serpentin-Soft		
CAVING	238	360

Date Started 7-6-10 Completed 7-7-10

(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 _____
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 11686 Date 7-16-10
Signed Todd Moore
Contact Info. (optional) _____

RECEIVED
JUL 20 2010