

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 29411

START CARD # 204950

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

(1) LAND OWNER
Owner Well I.D. _____
First Name Tim Last Name McFadden
Company Downey Enterprises
Address 974 NW Mahogany Ln.
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 315 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
6"	260	315					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
	X	5"	+		315	.258	X		X	
X		6"	+	1/2 Above Ground		.250	X		X	

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

(7) PERFORATIONS/SCREENS

Perforations Method torch cut

Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X			X		100	315	1/4	10	308	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>20 G.P.M.</u>		<u>315'</u>	<u>1 hr.</u>

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
MAY Fluctuate

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Douglas Twp 26 N or S Range 3w E or W W.M.
Sec 10 1/4 of the _____ 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat 43° 19' 33.4 " or _____ DMS or DD
Long 123° 02' 56.1 " or _____ DMS or DD

Street Address of Well (or nearest address) 22284 North umpqua Hwy. Idheyl Park OR. 97447

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>7-8-10</u>			<u>86'</u>
Completed Well	<u>7-16-10</u>			<u>86'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>Check original log</u>					

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Serpentine soft clayns</u>	<u>260</u>	<u>315</u>
RECEIVED		RECEIVED
<u>JUL 20 2010</u>		<u>AUG 17 2010</u>
WATER RESOURCES DEPT		WATER RESOURCES DEPT
SALEM, OREGON		SALEM, OREGON
<u>1 1/2 Ft of 6" casing was added to allow for fill placed around original well</u>		

Date Started 7-8-10 Completed 7-16-10

(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 7-17-10
Signed Fadden name
Contact Info. (optional) _____