

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

WELL I.D. # L 51620

START CARD # 169124

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

(1) LAND OWNER Well Number _____
Name Fields Store LLC
Address 22274 US ex 1
City Fields State OR Zip 97710

(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 270 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
<u>1 1/2</u>	<u>0</u>	<u>38</u>	<u>Bent</u>	<u>0</u>	<u>38</u>	<u>25</u>
<u>8</u>	<u>72</u>	<u>270</u>				

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

Casing:	Diameter	From	To	Gauge	Steel				Plastic				
					Welded	Threaded	Welded	Threaded	Welded	Threaded			
	<u>8</u>	<u>72</u>	<u>38</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>15</u>	<u>275</u>	<u>270</u>	<u>2</u>

Temperature of water 58 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? no Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Hernandez
Tax Lot 102 Lot _____
Township 38 S N of S Range 34 E E or W WM
Section 24 S or N 1/4 N or W 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 22274
Fields, OR 97710

(10) STATIC WATER LEVEL
15 ft. below land surface. Date 3-1-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
<u>Perforated casing</u>			
<u>Returned to</u>	<u>38</u>		
<u>Sealed to</u>	<u>38</u>		
<u>8" casing</u>	<u>72</u>	<u>to 38</u>	

RECEIVED RECEIVED
MAR 02 2006 SEP 20 2006
WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON
Date Started 2-27-06 Completed 2-28-06

(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 1521 Date 3-1-06
Signed Daniel R. Reed