

OCT 23 2000

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 670.005)

WELL I.D. # L42769
START CARD # 130541

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

(1) OWNER: Well Number 130541
Name Northridge Water Co. Inc
Address PO BOX 830
City SHADY COVE State OR Zip 97539

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 320 ft.
Explosives used Yes No Type Amount

HOLE SEAL

| Diameter | From | To | Material | From | To | Sacks or pounds |
|----------|------|-----|---------------------------------|------|----|-----------------|
| 6" | 142 | 320 | existing seal was not disturbed | | | |

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

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|----------|------|----|-------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Casing: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner: | 4" | -2 | 320 | 5/8" | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(7) PERFORATIONS/SCREENS:

Perforations Method SAwn
 Screens Type Material

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 290 | 320 | 1/2x4 | 90 | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|----------|---------------|--------------|
| 35 | | 320 | 1 hr. |

Pump Bailer Air Flowing
 Artesian

Temperature of water 54° Depth Artesian Flow Found
Was a water analysis done? Yes By whom
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County JACKSON Latitude Longitude
Township 34 N of S Range 1 E or W WM.
Section 10 NW 1/4 SW 1/4
Tax Lot 2800 Lot Block Subdivision
Street Address of Well (or nearest address) Across from Hudspeth Ln Shady Cove, Or.

(10) STATIC WATER LEVEL:
119 ft. below land surface. Date 9-22-00
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 175

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 175 | 180 | 15 | 119 |
| 183 | 216 | 20 | 119 |

(12) WELL LOG:

Ground Elevation

| Material | From | To | SWL |
|----------------|------|-----|-----|
| BLUE CLAYSTONE | 142 | 160 | |
| GRAY CLAYSTONE | 160 | 270 | |
| Red CLAYSTONE | 270 | 275 | |
| GRAY CLAYSTONE | 275 | 320 | |

Date started 9-19-00 Completed 9-20-00

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

Signed Charlie Hill WWC Number 1504 Date 10-18-00