

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

WELL I.D. # L 78680

START CARD # 171016

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

(1) LAND OWNER Well Number _____
 Name Ron Decker
 Address 4264 Beagle Rd
 City White City State Or Zip 97503

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

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	19	Cement	0	19	5 Sacks
6"	19	201				

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: 6"	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	201	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
60	80	1/8x8	17			<input type="checkbox"/>	<input checked="" type="checkbox"/>
121	201	1/8x8	51			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
25GPM		201	1Hr

Temperature of water 60° 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 (legal description)
 County Jackson
 Tax Lot 411 Lot _____
 Township 35 S Range 2 W WM
 Section 12 NW 1/4 SE 1/4

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

Street Address of Well (or nearest address) 4264 Beagle Rd.,
White City, Or

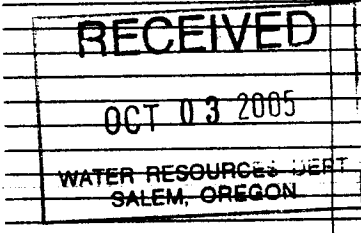
(10) STATIC WATER LEVEL
33 ft. below land surface. Date 9-14-05
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 74

From	To	Estimated Flow Rate	SWL
74	196	25GPM	33

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Soil, Brown	0	1	
Claystone, Brown	1	12	
Claystone, Grey	12	201	33



Date Started 9-14-05 Completed 9-14-05

(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 Trance Date 9-15-05
 Signed Ronald J. Mentzer

(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 1207 Date 9-15-05
 Signed Jaqueline M. ...