

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 91355
 START CARD # 191007

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company WHISPERING PINES MOBILE ESTATES
 Address 93 NORTH RIDGE TERRACE
 City _____ State OR Zip _____

(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/Public
 Industrial/Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 422 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	Amt
10"	0	38 3/4	BEAT. CHIPS	27 1/4	38 3/4	9 SXS
6"	38 3/4	422	CEMENT PUMPKED TARM TREMIE	18 1/4	27 1/4	180 #
			BEAT. CHIPS	0	8 1/2	6 1/2 SXS

How was seal placed: Method A B C D E
 Other BEAT. BURED DEY, CEMENT PUMPKED TARM TREMIE
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	6"	1 1/4	38 3/4	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	4"	2 1/2	422	CU60	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 38 3/4 FT
 Temp casing Yes Dia 10" From 1/2+ To 17 FT

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

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4"	322	422	3/32	6"	180	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4"	242	262	3/32	4-5"	36	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4"	142	162	3/32	4-5"	36	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		422	1 HR +
26		362	10 MINS
23		302	10 MINS

Temperature 64 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County JACKSON Twp 38S N/S Range 1W E/W WM
 Sec 9AB NE 1/4 of the NW 1/4 Tax Lot 201
 Tax Map Number _____ Lot _____
 Lat 42° 0' 17.202 Nor _____ DMS or DD
 Long 122° 0' 49.681 W or _____ DMS or DD
 Street address of well Nearest address
93 NORTH RIDGE TERRACE, UTILITY BLDG
BETWEEN UNITS 54 AND 53.

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	SWL(psi)	SWL(ft)
Completed Well	<u>8-15-07</u>	<u>26</u>

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	72	162	1 1/2		26
	242	262	1 1/2		26
	403	407	17+		26

(11) WELL LOG Ground Elevation 1455 FT

Material	From	To
CLAY BROWN	0	2
CLAY GREY W/ GREY ROCK	2	6
GRAVEL, COBBLES, SAND	6	17
CLAYSTONE GREY	17	22
SANDSTONE LIGHT GREY	22	25
CLAYSTONE GREY/BLACK	25	403
SILTSTONE OR VERY FINE	403	
SANDSTONE GREY		414
CLAYSTONE GREY/BLACK	414	422

RECEIVED

AUG 22 2007

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 8-9-07 Completed 8-15-07

(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 _____
 Password: (if filing electronically) _____
 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 796 Date 8-15-07
 Password: (if filing electronically) _____
 Signed Paul Kwan
 Contact Info (optional) _____