

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

WELL I.D. # L 91355
 START CARD # 195962

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

(1) LAND OWNER Well Number _____
 Name Whispering Pines (Steve Taylor)
 Address 718 black Oak Dr. Ste A, Commercial Property Management
 City Medford State Or Zip 97504

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

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
6"	422	326	Cement	422	326	12 Sacks
6"	326	0				

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

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
N/A					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) N/A

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
48	66	3/32x6	180			<input type="checkbox"/>	<input checked="" type="checkbox"/>
146	166	3/32x5	36			<input type="checkbox"/>	<input checked="" type="checkbox"/>
226	326	3/32x5	36			<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
5 GPM	299		1 Hr.

Temperature of water 64° 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: 403

(9) LOCATION OF WELL (legal description)
 County Jackson
 Tax Lot 300 Lot _____
 Township 38 S Range 1 W WM
 Section 9AB NE 1/4 NW 1/4

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

Street Address of Well (or nearest address) 93 Northridge Terrace, Phoenix, Or

(10) STATIC WATER LEVEL
26 ft. below land surface. Date 3-10-08
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 72

From	To	Estimated Flow Rate	SWL
72	262	5 GPM	26

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Pulled Liner back, cement by pressure grout, tremie pipe	422	326	26

RECEIVED
 Medina Well Drilling, Inc.
 (541) 664-5839
 3256 Hanley Road
 Central Point, OR 97502
MAR 31 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 3-6-08 Completed 3-10-08

(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 1857 Date 3-14-08
 Signed Ronald J. Martins

(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 3-14-08
 Signed Joseph M. DeLong