STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

JACK 59131

05-29-2009

WELL LABEL # L 94435

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START CARD # 1006776

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name JAMES & SANDRA Last Name BLANKENSHIP	County Jackson Twp 33.00 S N/S Range 2.00 E E/W WM
Company	Sec <u>9</u> SW 1/4 of the <u>SE</u> 1/4 Tax Lot <u>1100</u>
Address PO BOX 664	Tax Map Number Lot
City SHADY COVE State OR Zip 97539	Lat ° ′ ′′ or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long or DMS or DD
Alteration (repair/recondition)	Street address of well Nearest address
(3) DRILL METHOD	2651 MILL CREEK DR PROSPECT, OR 97536
Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening
Industrial/ Commericial Livestock Dewatering	Completed Well 05-18-2009 309 Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 371
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	· · · · · · · · · · · · · · · · · · ·
Depth of Completed Well $_{460.00}$ ft.	Switzbate Floir Floir Floir Switzbate Switzbate<
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other	Removed Liner and sealed off lower aquifer with 0 0
Backfill placed from ft. to ft. Material	10 Sacks of Bentonite. Reinstalled Liner with Cap 0 0
Filter pack from ft. to ft. Material Size	on Bottom at 460'. 0 460
Explosives used: Yes Type Amount	
(6) CASING/LINER	
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd O 4 0 460 sch 40 O Image Image	
(7) PERFORATIONS/SCREENS Perforations Method Factory Slotted	
Screens Type Material	
Perf/S Casing/ Screen Scrn/slot \$\$ dot \$\$ dot \$\$ Tele/ creen Liner Dia From To width length slots pipe size	Date Started 05-16-2009 Completed 05-18-2009
Perf Liner 420 440 .02 1 1,080	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number <u>1504</u> Date <u>05-29-2009</u>
Pump Bailer Air Flowing Artesian	Electronically Filed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed CHARLIE GILL (E-filed)
7 460 1	(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
Temperature <u>57</u> °F Lab analysis Yes By Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.
Water quality concerns? []Yes (describe below) From To Description Amount Units	License Number 1835 Date 05-29-2009
	Electronically Filed
	Signed KEVIN D GILL (E-filed)
	Contact Info (optional) Classes Drilling Inc.

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK