

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

WELL LABEL # L 104439
 START CARD # 206521

(1) LAND OWNER Owner Well I.D. _____
 First Name Richard & Elizabeth Last Name Fujas
 Company Rising Sun Farms
 Address 5128 South Pacific Hwy
 City Phoenix State OR Zip 97535

(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
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 255 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amt	sacks/ lbs
10	0	78	Cement	23	78	35	S
6	78	255	Bentonite Chips	0	23	10	S

How was seal placed: Method A B C D E
 Other poured dry
 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"/>	<input checked="" type="checkbox"/>	6		2	78	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4		15	255	160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 78.5
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method skillsaw
 Screens Type _____ Material _____

Perf/S	Casing/	Screen	From	To	Scrm/slot	Slot	# of	Tele/
Perf	Liner	Dia	From	To	width	length	slots	pipe size
		4	215	255	.125	8	65	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
16	255	255	1

Temperature 63 °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 38 S N/S Range 1 W E/W WM
 Sec 15 1/4 of the _____ 1/4 Tax Lot 3601
 Tax Map Number _____ Lot _____
 Lat _____ " or 42.26003 DMS or DD
 Long _____ " or -122.80322 DMS or DD
 Street address of well Nearest address
5126 South Pacific Hwy

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>09-14-2011</u>		<u>43</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 212

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>09-14-2011</u>	<u>212</u>	<u>217</u>			<u>43</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
clay with sand	0	7
weathered sandstone	7	42
clay with gravel/cobbles	42	46
weathered mudstone	46	53
gray shale	53	212
shale with quartz	212	217
gray shale	217	255

RECEIVED

SEP 19 2011

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 09-13-2011 Completed 09-14-2011

(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 1478 Date 09-15-2011
 Password : (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____