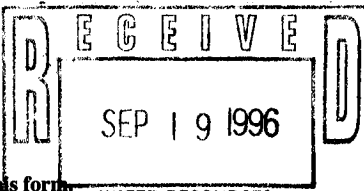


STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

Jose
50456



#L07989

START CARD) # 90768

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

WATER RESOURCES
GRANTS PASS, OR
LOCATION OF WELL by legal description:

(1) OWNER: Well Number _____
Name Boltz Const./Wally Henderson
Address 233 Rogue River Hwy Ste 301
City Grants Pass State OR Zip 97527

County Joseph. Latitude _____ Longitude _____
Township 36 N or S Range 6 W E or W. WM.
Section 23 NW 1/4 SW 1/4
Tax Lot 3000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

Twilight View Estates

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 8/30/96
Artesian pressure _____ lb. per square inch. Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found 79'

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 100 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
79'	91'	60	11

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	22	Bent.	0	22	12 sacks
6	22	100				

(12) WELL LOG:
Ground Elevation _____

How was seal placed: Method A B C D E
 Other Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Material	From	To	SWL
Decomposed granite, unconsolidated	0	6	
Brown clay, medium gravel, unconsolidated	6	52	
Large gravel, medium sand, unconsolidated	52	77	
Medium gravel, decomposed granite, unconsolidated	77	100	11

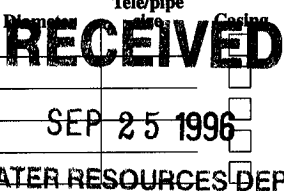
(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+2	76	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 76'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Material	Tele/pipe	Liner
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>



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

Yield gal/min	Drawdown	Drill stem at	Time (1 hr.)
60		72	

Pump Bailer Air Artesian
Temperature of water 53 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: _____

Date started 8-30-96 Completed 8-30-96

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

Signed Sporn Carter WWC Number 1659 Date 9/5/96

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

Signed Bob Quinn WWC Number 875 Date 9/5/96