

8-8-00

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

WELL I.D. # L. 39167 START CARD # 129325

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

(1) OWNER: Well Number Name Skycrest Property Owners Association on County Josephine Address 300 Skycrest Drive City Grants Pass State Oregon Zip 97527

(2) TYPE OF WORK: [ ] New Well [X] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD: [X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Other

(4) PROPOSED USE: [ ] Domestic [X] Community [ ] Industrial [ ] Irrigation [ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 300 ft. Explosives used [ ] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Sacks or pounds. Row 1: 6, 220, 300, , , ,

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner.

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

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 6, , 300, 1 hr.

Temperature of water 54 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:

(9) LOCATION OF WELL by legal description: on County Josephine Latitude Longitude Township 36 N or S Range 5 E or W. WM. Section 29 SE 1/4 NW 1/4 Tax Lot 708 Lot Block Subdivision Street Address of Well (or nearest address) 240 Skycrest Drive

(10) STATIC WATER LEVEL: 80 ft. below land surface. Date 8/1/00 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 273

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 220, 220, 4, 80. Row 2: 273, 274, 2, 80.

(12) WELL LOG: Ground Elevation

Table for well log with columns: Material, From, To, SWL. Includes text: Tombstone Granite- Black & White, Cleaned out to bottom of hole 220ft Then air tested it at 220 ft showed 4 gpm then drilled to 300 ft. Got 2 gpm at 273 ft. The well produces 6 gpm total.

RECEIVED

AUG 09 2000

WATER RESOURCES DEPT. SALEM, OREGON

Date started 7/31/00 Completed 8/1/00

(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 Michael Peice WWC Number 1251 Date 8/7/00

(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 Michael Peice WWC Number 1251 Date 8/7/00