

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 66222
START CARD # 158188

Instructions for completing this report are on the last page of this form. JOSE 55549

(1) LAND OWNER Well Number _____
Name NEW HOPE CHRISTIAN SCHOOL
Address 5961 NEW HOPE ROAD
City GRATNS PASS State OR Zip 97527

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 220ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 10 | 0 | 18 | BENTON | 0 | 18 | 12 SACKS |
| 6 | 115 | 220 | | | | |

How was seal placed: Method A B C D E
 Other DRY POUR

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

| Casing: | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---------|----------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | | | | |
| | 6" | +1 | 0 | .25 | <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"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method NONE
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Bailer | Drawdown | Air | Drill stem at | Flowing | Time |
|---------------|--------|----------|-------------------------------------|---------------|-------------------------------------|-------|
| | | | | | | |
| 12 | | | <input checked="" type="checkbox"/> | 219 | <input checked="" type="checkbox"/> | 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:
County JOSEPHINE Latitude _____ Longitude _____
Township 37S N or S Range 6W E or W. WM.
Section 13 NW 1/4 NW 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5961 NEW HOPE RD

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 11-17-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 115

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 115 | 220 | | 35 |
| | | | |
| | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|--------------------------------------|------|-----|-----|
| GRANITE BLK & WHT MED | 115 | 220 | 35 |
| Static 35 ft at start and finish | | | |
| OVER-REAMED TO 18FT AND GROUTED WELL | | | |
| RECEIVED RECEIVED | | | |
| NOV 24 2003 DEC 22 2003 | | | |
| WATER RESOURCES DEPT SALEM OREGON | | | |

Date started 11-17-03 Completed 11-17-03

(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 _____ /WC Number _____ Date _____

(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.
COLEMAN'S WELL DRILLING /WC Number 1324
Signed Jim Sublette Date 11-20-03