

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

WELL I.D. # L 87081

START CARD # 187920

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

(1) LAND OWNER Well Number _____
 Name MARK VIDLAK
 Address 500 LOFLAND LN
 City WILLIAMS State OR Zip 97544

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 180 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10	0	18	BENTONITE	0	18	9 SACKS
6	18	180				

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 _____

(6) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+2	128	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4	0	180	.160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 128'

(7) PERFORATIONS/SCREENS
 Perforations Method SAWN
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
160	180	1/4X6	60	4	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
10 GPM _____ 160 1 HR

Temperature of water 55 Depth Above Flow Point _____
 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 (legal description)
 County JOSEPHINE
 Tax Lot 101 Lot _____
 Township 38 S Range 5 W WM
 Section 23 NE 1/4 NE 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) 17090 WILLIAMS HWY

(10) STATIC WATER LEVEL
3 ft. below land surface. Date 9/5/06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 147'

From	To	Estimated Flow Rate	SWL
147	152	10 GPM	3

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
BROWN CLAY; MEDIUM GRAVEL; FINE SAND (UNC)	0	13	
DECOMPOSED GRANITE (CON)	13	59	
TOMBSTONE GRANITE (CON)	59	180	3

Date Started 8/31/06 Completed 9/5/06

(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.

WWC Number 1659 Date 9/5/06
 Signed Steven Carter

(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.

WWC Number 675 Date 9/5/06
 Signed Bob Quinn

RECEIVED
 SEP 27 2006
 WATER RESOURCES DEPT
 SALEM, OREGON