

WELL LABEL # L 85497

START CARD # 1000111

(1) LAND OWNER Owner Well I.D. _____
 First Name DONN Last Name LEWIS
 Company LEWIS REV. TRUST
 Address 3200 RIVANNA CT
 City WOODBIDGE State VA Zip 22192-3373

(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 240.00 ft.

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt	
10	0	20	Bentonite Chips	0	20	10	S
6	20	240					

How was seal placed: Method A B C D E

Other Dry Poured

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="radio"/>	<input type="radio"/>	6	<input checked="" type="checkbox"/>	1	26	.250	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 26

Temp casing Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner Dia	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min .5 Drawdown _____ Drill stem/Pump depth 240 Duration (hr) 1

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Josephine Twp 39.00 S N/S Range 8.00 W E/W WM
 Sec 22 SE 1/4 of the NE 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street address of well Nearest address

LAUREL RD CAVE JUNCTION, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	10-18-2006			53

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 77

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-18-2006	77	78	.5			53

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown Clay Tight	0	24
Black Serpentine Broken	24	77
Black Serpentine	77	240

Date Started 10-17-2006 Completed 10-17-2006

(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 1504 Date 10-23-2006
 Electronically Filed
 Signed CHARLIE GILL (E-filed)

(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 1835 Date 10-23-2006
 Electronically Filed
 Signed KEVIN D GILL (E-filed)
 Contact Info (optional) Clouser Drilling LLC