

WELL LABEL # L 87914

START CARD # 1000163

(1) LAND OWNER Owner Well I.D. 2
 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			
Dia	From	To	Material	From	To	Amt lbs
10	0	20	Cement	0	2	2 S
			Bentonite Chips	2	20	8 S
6	20	240				

How was seal placed: Method A B C D E
 Other Dry Poured Cmt Cap _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 12 ft. to 240 ft. Material Pea Gravel Size pea gravel
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	0	240	sch 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 78
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/ Screen	Casing/ Liner	Screen	Scrn/slot width	Slot length	# of slots	Tele/ pipe size	
Perf	Liner		220	240	.063	3	360

(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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
5		240	1

Temperature 56 °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 (well #2)

(10) STATIC WATER LEVEL

Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			
Completed Well	10-26-2006		24

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 82

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-26-2006	82	240	5			24

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown Clay Tight	0	28
Tan Clay Tight	28	42
Brown Clay & Gravel	42	71
Grey Clay	71	73
Brown Serpentine Broken	73	81
Grey Serpentine	81	240

Date Started 10-25-2006 Completed 10-26-2006

(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 _____ Date _____
 Electronically Filed _____
 Signed _____

(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 11-09-2006
 Electronically Filed _____
 Signed KEVIN D GILL (E-filed)
 Contact Info (optional) Clouser Drilling LLC