

WELL LABEL # L 88131

START CARD # 1000398

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
 Company KERBYVILLE MUSEUM BOARD OF DIRECTORS
 Address P.O. BOX 3003
 City KERBY State OR Zip 97531

(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 120.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	26	Bentonite Chips	0	26	19	S
6	26	120					

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="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	1.5	38.5	.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"/>	100	120	sch 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 38.5

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Factory Slotted/Screened Pipe

Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
			100	120	.025	3	360	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10		120	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 9 NE 1/4 of the NW 1/4 Tax Lot 1000

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

24195 REDWOOD HWY KERBY, OR 97531

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 12-22-2006 _____ 31

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 42

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-22-2006	42	45	3		31
12-22-2006	76	79	3		31
12-22-2006	84	89	4		31

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown Clay & Fine Gravel	0	26
Brown Clay & Large Gravel & Sand	26	30
Blue Clay & Mixed Gravel & Sand	30	33
Blue Sandstone	33	42
Grey Chert Broken	42	45
Black Shale	45	120

Date Started 12-22-2006 Completed 12-22-2006

(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 12-22-2006

Electronically Filed

Signed KEVIN D GILL (E-filed)

Contact Info (optional) Clouser Drilling LLC