

Amendment

KLAM 55767

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WELL ID# L 81988
START CARD# 162568

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

(1) OWNER: Well Number: 1-20"

Name: Audric Enterprises Inc.
Address: P.O. Box 1418
City: Watsonville State: Ca Zip: 95077

(2) TYPE OF WORK: (repair/
 New Well Deepening Alteration/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 696
Explosives Used Yes No Type _____ Amount _____

HOLE		SEAL		sacks or pounds	
Diameter	From To	Material	From To		
28	0 20	cement	0 20	35	sks
23	-20 -322	cement	-20 322	215	sks
19	-322 700	cement	605 627	29	sks

How was seal placed: Method A B C D E
 Other lower seal pumped from inside 16" up the
Backfill placed from _____ to _____ Material _____
from _____ to _____ Material _____
Gravel placed from _____ to _____ Size of gravel _____

(6) CASING/LINER:
CASING:

Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded
24	1s 21	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	+1 322	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	-306 628	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LINER:						
Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded
12	-354 696	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: mechanical air Holte
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tape/pipe size	Casing	Liner
630	693	1/4"2	500			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gpm	Drawdown	Drill Stem at	Time
3000	200		1 hr.
2500	110		24

Temperature of water 61 Depth Artesian Flow Found
Was a water analysis done? _____ By whom _____
Did any strata contain water not suitable for intended use? (explain)

Depth of Strata: _____
RECEIVED WATER RESOURCES DEPT
SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County: klam Latitude: _____ Longitude: _____
Township: 41s Range: 11e
Section: 17 nw 1/4 sw 1/4
Tax Lot: uk Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address) _____
1/8 mile SW of State line rd. on east side of Malone rd.

(10) STATIC WATER LEVEL:
59 Ft. below land surface Date 3-30-07
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 661

From	To	Est. Flow Rate	SWL
660	700	3000	59

(12) WELL LOG: Ground Elevation: _____

Material	From	To	SWL
Soil med sandy brn	0	2	
	2	6	
hard pan dense brn			
clay soft brn	6	19	
silt sandy brn	19	24	
clay sticky brn-yellow mix	24	61	
conglomerate mix brn	61	63	
clay soft brn	63	74	
conglomerate sand mix brn, gry blk	74	77	
claystone med brngry strks	77	101	
clay med brn	101	114	
claystone conglomerate brn	114	141	
sand packed med fine grain blk	141	219	
clay soft grey	219	262	
conglomerate med brn gry mix	262	276	
clay soft grey	276	310	
claystone conglomerate brn	310	336	
clay sandy brn	336	370	
clay sandy gry	370	523	
clay sticky gry	523	622	
basalt hard blk	622	631	
basalt fract blk	631	660	
loss circ zone no returns	660	671	59
basaltic rubble, volcanics, loose, caving			
large round very hard cobble size	671	700	59

Date Started: 11-30-06 Completed: 3-30-07

(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 _____ WWC Number 723
Date 4-25-07

(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.
Signed _____ WWC Number 723
Date 4-25-07

ORIGINAL & FIRST COPY TO Water Resources Department SECOND COPY - Constructor THIRD COPY - Customer

WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Well Number: 1-20"

Name: Audric Enterprises Inc. Address: P.O. Box 1418 City: Watsonville State: Ca Zip: 95077

(2) TYPE OF WORK:

[X] New Well [] Deepening [] Alteration recondition [] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Other:

(4) PROPOSED USE:

[] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [] Yes [X] No

Depth of Completed Well 696

Explosives Used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, sacks or pounds. Rows include cement seals at various depths.

How was seal placed: Method [] A [] B [X] C [] D [] E

[X] Other lower seal pumped from inside 16" up the

Backfill placed from to Material from to Material

Gravel placed from to Size of gravel

(6) CASING/LINER:

CASING:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows show casing sections.

LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Shows liner section.

Final location of Shoe(s):

(7) PERFORATIONS/SCREENS:

[X] Perforations Method: mechanical air Holte

[] Screen Type: Material:

Table with columns: From, To, Slot Size, No., Diameter, Tele/pipe size, Casing, Liner. Shows perforation details.

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

[X] Pump [] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gpm, Drawdown, Drill Stem at, Time. Shows test results.

Temperature of water 61 Depth Artesian Flow Found

Was a water analysis done? By when

Did any strata contain water not suitable for intended use? (explain)

Depth of Strata:

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WATER RESOURCES DEPT SALEM, OREGON

WELL ID # L 81988 START CARD # 162568

(9) LOCATION OF WELL by legal description:

County: klam Latitude: Longitude: Township: 41s Range: 11e Section: 17 nw 1/4 sw 1/4 Tax Lot: uk Lot: Block: Subdivision: Street Address of Well (or nearest address) 1/8 mile south of State line rd. on east side of Malone rd.

(10) STATIC WATER LEVEL:

59 Ft. below land surface Date 3-30-07 Artesian pressure lb. per sq. in. Date

(11) WATER BEARING ZONES:

Table with columns: From, To, Est. Flow Rate, SWL. Shows water bearing zones.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Detailed log of well contents.

Date Started: 11-30-06 Completed: 3-30-07

(unbonded) Water Well Constructor Certification:

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