

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

07-18-2008

WELL LABEL # L 97428

START CARD # 1004084

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

First Name _____ Last Name _____
Company MASAMI FOODS, INC.
Address 5222 TINGLEY LANE
City KLAMATH FALLS State OR Zip 97603

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

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other _____

(4) PROPOSED USE [] Domestic [] Irrigation [] Community

[X] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 121.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 10, 0, 30, Bentonite Chips, 0, 30, 14, S. Row 2: 6, 30, 121.

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

[X] Other POURED

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 6, 1, 39, .250, [X], [], [], []. Row 2: 4, 4, 121, sch40, [], [], [], [].

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 39

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method SAW CUT

Screens Type _____ Material _____

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

Table with columns: Perf, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: 84, 121, .125, 6, 92.

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

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

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 35, 100, 1.

Temperature 63 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Klamath Twp 39.00 S N/S Range 9.00 E E/W WM

Sec 17 NE 1/4 of the SE 1/4 Tax Lot 900

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[X] Street address of well [] Nearest address

5222 TINGLEY LANE KLAMATH FALLS, OR 97603

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 07-17-2008 38

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 56

SWL Date From To Est Flow SWL(psi) + SWL(ft)

07-17-2008 56 121 50 36

(11) WELL LOG

Ground Elevation 4,150

Material From To

TOP SOIL 0 2

BROWN CLAY 2 34

GRAY CLAYSTONE 34 56

FRACTURED BLACK ROCK 56 113

BLACK SANDSTONE 113 121

Date Started 07-17-2008 Completed 07-17-2008

(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 777 Date 07-18-2008

Electronically Filed

Signed STEPHEN R HUGHES (E-filed)

Contact Info (optional)