A CALL AND A					Page 1 of 1	
STATE OF OREGON	KLAMAS	R 98293	WELL I.D. LABEL#	L 110326		
WATER SUPPLY WELL REPORT			START CARD #	1016555		
		/2012	ORIGINAL LOG #			
(1) LAND OWNER Owner Well I.D.						
First Name Last Name					`	
Company AUDRIC ENTERPRISES, INC.			ION OF WELL (legal	-		
Address P.O. BOX 1418	County KLAMATH Twp 41.00 S N/S Range 11.00 E E/W WM					
City WATSONVILLE State CA 7:- 9507	Sec <u>17</u> <u>N</u>	W 1/4 of the SW	1/4 Tax I	Lot 300		
City     WATSONVILLE     State     CA     Zip     9507       (2) TYPE OF WORK     X New Well     Deepening	7-1418	Tax Map Numbe	er " or" or" or" or" or" or" eet address of well ( N	Lot		
(2) TYPE OF WORK X New Well Deepening	Conversion	Lat	' " or		DMS or DD	
Alteration (complete 2a & 10) Abandon	ment(complete 5a)	Long	" or		DMS or DD	
(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld	C Str	eet address of well	earest address			
	375 MILE NO	RTH OF STATE LINE RD. A	ND 52 MIL	FEASTOFMALONE		
Material From To Amt sacks/lbs	RD.	KIII OI SIAIL LINL KD. A	14D .52 MIL	L'EAST OF MALONE		
Seal:						
(3) DRILL METHOD	(10) STATIC	C WATER LEVEL				
Rotary Air Rotary Mud Cable Auger Cabl	Date SWL(psi) + SWL(ft)					
	Existing Well / Pre-Alteration					
Reverse Rotary Other	Completed			39		
(4) PROPOSED USE Domestic X Irrigation Com		Flowing Artesian?	Dry Hole	2?		
Industrial/Commericial Livestock Dewatering	WATER BEARD			- 1722		
Thermal Injection Other			-			
		SWL Date	From To Es	t Flow SWL	.(psi) + SWL(ft)	
	rd (Attach copy)	11/5/2012	1733 1740	3000	39	
Depth of Completed Well <u>1740.00</u> ft.						
BORE HOLE SEAL	sacks/					
	To Amt lbs					
24 0 334 Bentonite Chips 0 1	5 141 S					
	34 651 S	· · · · · · · · · · · · · · · · · · ·				
10 1620 1740		(11) WELL I	06			
(11) WELL LOG Ground Elevation						
	DE		Material	Fror		
Other		TOP SOIL			0 2	
Backfill placed from ft. to ft. Material		YELLOW CLA			2 7	
Filter pack from ft. to ft. Material Size		BLACK SAND & FINE GRAVEL			7 9	
		YELLOW CLAY			9 11	
Explosives used: Yes Type Amount		BROWN SAND & CLAY			11 19	
(5a) ABANDONMENT USING UNHYDRATED BENTONITE		BLUE CLAY			<u>19 79</u>	
Proposed Amount Actual Amount		GREY & BLUE CLAYSTONE GREY CLAYSTONE			79 409	
(6) CASING/LINER					109 <u>710</u> 710 790	
Casing Liner Dia + From To Gauge Stl	GREY CLAYSTONE W/ BLACK CINDER BLACK CINDER			7 <u>10</u> 790 790 805		
				805 1530		
		GREY CLAYSTONE W/ BLACK SAND STONE BROWN BASALT			530 1602	
		GREY BASALT- HARD			602 1733	
			W/ RED CINDER		733 1738	
		GREY BASALT-MEDIUM HARD			738 1740	
Shoe Inside Outside Other Location of sho	e(s)					
Temp casing Yes Dia From From						
(7) PERFORATIONS/SCREENS Perforations Method						
		Date Started 5	(7/2012 Com	plete 11/5	2012	
Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot	# of Tele/	Date Started			/2012	
Screen Liner Dia From To width length	(unbonded) Wa	ter Well Constructor Certif	ication			
	slots pipe size	I certify that the	e work I performed on the g	onstruction, d	leepening, alteration, or	
			f this well is in compliand			
			ndards. Materials used and ir	iformation rep	ported above are true to	
		the best of my k	nowledge and belief.	DF C	0 1 0010	
		License Number	D	ate DEU	2 4 2012	
(8) WELL TESTS: Minimum testing time is 1 hour		1				
	Signed					
Ý Ý Ý	(bonded) Water Well Constructor Certification					
Yield gal/min Drawdown Drill stem/Pump depth Dur						
2000 175 300	I accept responsibility for the construction, deepening, alteration, or abandonment					
2600 220 300	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					
		idards. This report is true to the				
Temperature 80 °F Lab analysis Yes By			-			
Water quality concerns? Yes (describe below) TDS amount	License Number	D	ate 12/5/2012	2		
From To Description A	Signed COLTED CHANCELLOD (F. Glad)					
	Signed COLTER CHANCELLOR (E-filed)					
	Contact Info (optional) CHANCELLOR DRILLING & PUMP					
	IER RESOURCES D	EPARTMENT				

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

					Page 1 of 1		
STATE OF OREGON KLARLAN							
WATER SUPPLY WELL REPORT	10/5	12012		6555			
(as required by ORS 537.765 & OAR 690-205-0210)		/2012	ORIGINAL LOG #				
(1) LAND OWNER Owner Well I.D.	· ·						
First Name Last Name Company AUDRIC ENTERPRISES,INC.			TION OF WELL (legal descr	-			
Address P.O. BOX 1418			MATH Twp 41.00 S N/S				
	077-1418		$\frac{NW}{1/4}$ 1/4 of the $\frac{SW}{1/4}$				
(2) TYPE OF WORK New Well Deepening	Conversion	Tax Map Nur	nber' or	Lot	DMS or DD		
Alteration (complete 2a & 10) Aband		Lat	°' or' or		DMS or DD		
(2a) PRE-ALTERATION		Long	Street address of well (•) Nearest a	addrass	_ DMS or DD		
Dia     +     From     To     Gauge     Stl     Plstc     Wld     Thrd       Casing:			NORTH OF STATE LINE RD. AND .5		OF MALONE		
Material From To Amt sacks/lbs			tokini or sinne bite kb. nitb.s	2 WILL LAGT	of Milleone		
Seal:							
(3) DRILL METHOD			(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)				
Rotary Air Rotary Mud Cable Auger Cable Mud			Date         SWL(psi)         +         SWL(ft)           Existing Well / Pre-Alteration				
Reverse Rotary Other			Completed Well 11/5/2012 39				
(4) <b>PROPOSED USE</b> Domestic X Irrigation C	ommunity		Flowing Artesian? D	ry Hole?			
Industrial/ Commericial Livestock Dewatering		WATER BEA	RING ZONES Depth water wa	as first found			
Thermal Injection Other		SWL Date	-	SWL(psi)	+ SWL(ft)		
(5) BORE HOLE CONSTRUCTION Special Stan	dard (Attach copy	) 11/5/2012					
Depth of Completed Well <u>1740.00</u> ft.		11/5/2012	1733 1740 3000		39		
BORE HOLE SEAL	sacks/						
Dia From To Material From	To Amt lbs	-					
24 0 334 Bentonite Chips 0	15 141 S	-					
12.25         334         1620         Cement         15           10         1620         1740	334 651 S	1		-			
		(11) WELI	L LOG Ground Elevation				
How was seal placed: Method A B XC			Material	From	То		
Other		TOP SOIL		0	2		
Backfill placed from ft. to ft. Material		YELLOW C		2	7		
Filter pack from ft. to ft. Material	Size	YELLOW C	ND & FINE GRAVEL	7	9 11		
Explosives used: Yes Type Amount			ND & CLAY	11	11		
(5a) ABANDONMENT USING UNHYDRATED BE	NTONITE	BLUE CLAY		19	79		
Proposed Amount Actual Amount			UE CLAYSTONE	79	409		
(6) CASING/LINER		GREY CLA		409	710		
Casing Liner Dia + From To Gauge S	tl Plstc Wld Thrd	BLACK CIN	YSTONE W/ BLACK CINDER	710	790 805		
● <u>16</u> <u>×</u> <u>1</u> <u>334</u> <u>.375</u>	$\mathbf{P} \square \square$		YSTONE W/ BLACK SAND STONE	805	1530		
	$\prec$ $\exists$ $\vdash$ $\vdash$	BROWN BA		1530	1602		
	$\prec$ $\exists$ $\vdash$ $\vdash$	GREY BASA		1602	1733		
			ALT W/ RED CINDER ALT-MEDIUM HARD	1733	1738 1740		
Shoe Inside Outside Other Location of	shoe(s)			1750	1740		
Temp casing Yes Dia From From	То						
(7) PERFORATIONS/SCREENS							
Perforations Method							
Screens Type Material		Date Started         5/7/2012         Complete         11/5/2012					
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/ Screen Liner Dia From To width length slots pipe size			(unbonded) Water Well Constructor Certification				
Screen Liner Dia From To width lengt	h slots pipe size		t the work I performed on the construct		ig, alteration, or		
		abandonmen	t of this well is in compliance wit	h Oregon wat	ter supply well		
			standards. Materials used and informa y knowledge and belief.	tion reported a	bove are true to		
		License Null	ber Date				
(8) WELL TESTS: Minimum testing time is 1 hour		Signed					
	Flowing Artesian		ater Well Constructor Certification				
Yield gal/min         Drawdown         Drill stem/Pump depth           2000         175         300	8			ing alteration	on abandonman		
2600 220 300	8		consibility for the construction, deepen ned on this well during the construction				
		performed d	uring this time is in compliance wit	th Oregon wat	ter supply wel		
Temperature 80 °F Lab analysis Yes By		construction	standards. This report is true to the best	of my knowle	dge and belief.		
Water quality concerns? Yes (describe below) TDS amount			ber <u>1844</u> Date <u>12</u>	/5/2012			
From To Description	Amount Units	Signed CO					
			OLTER CHANCELLOR (E-filed) (optional) CHANCELLOR DRILLING	L& PUMP			
			(optional) <u>eta a (CEEE) (CEEEE) (CEEE) (CEEE) (CEEEE) (CEEE) (CEEEE) (CEEEEE) (CEEEEEE) (CEEEEEE) (CEEEEEE) (CEEEEEE) (CEEEEEEE) (CEEEEEEE) (CEEEEEEEEEE</u>				

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: