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## STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

11-16-2010

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WELL LABEL # L	94396
START CARD#	1004810

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal descripti	ion)	
First Name DAVE Last Name ELDER	County Lake Twp 35.00 S N/S Rang	ge_21.00_E E/W WM	
Company VALLEY FALLS RANCH, INC.	Sec _31 NW 1/4 of the SE 1/4 Ta		
Address 31259 CLOVER FLAT ROAD	Tax Map Number Lo	t	
City LAKEVIEW State OR Zip 97630	Lato or	DMS or DD	
(2) TYPE OF WORK New Well Deepening Conversion	Long 0 " or	DMS or DD	
Alteration (repair/recondition) Abandonment	( Street address of well ( Nearest addre	ess	
(3) DRILL METHOD  Rotary Air Rotary Mud Cable Auger Cable Mud	31259 Clover Flat Rd., Lakeview, OR 97630		
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL	(psi) + SWL(ft)	
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening		
Industrial/ Commercial Livestock Dewatering	Completed Well 09-08-2008	16	
Thermal Injection Other Exploratory	_ ·	lole?	
	WATER BEARING ZONES Depth water was first found 18		
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy		VL(psi) + SWL(ft)	
Depth of Completed Well 600.00 ft.	09-04-2008 18 85 15	16	
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs	09-04-2008 120 280 20	16	
	09-04-2008 300 600 1,500		
12 0 39 Bentonite 0 39 34 S			
	(11) WELL LOC		
	(11) WELL LOG Ground Elevation		
How was seal placed: Method A B C D E		From To	
Other Poured Dry	Silty Clay and Sandy Loam Top Soil	0 4	
Backfill placed from ft. to ft. Material	Sticky Brown Clay	4 18	
Filter pack from ft. to ft. Material Size	Grayish Tan Silty Clay WB Yellowish Sandstone with Silty Lenses WB	18 120	
Explosives used: Yes Type Amount	Gray Silty Clay	120 280	
(6) CASINC/LINED	Yellow Sandstone & Silt interbedsWB	280 300 300 365	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plste Wld Thrd	Red Volcanics, Ash, Cinders, Basalt WB	365 390	
8 1 39 .250	Medium Hard Gray Basalt Slightly Fractured WB	390 550	
	Gray Fractured Basalt and AshWB	550 570	
	Hard Reddish Gray Basalt WB	570 600	
	⊩ – RE	CEIVED	
Shoe Inside Outside Other Location of shoe(s)			
Temp casing Yes Dia From To	JU	IN 2 8 2011	
(7) PERFORATIONS/SCREENS	4/477700	500,100	
Perforations Method		RESOURCES DEPT	
Screens Type Material	SALI	EM, OREGON	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size  Completed 09-08-2008			
creen Liner Dia From To width length slots pipe size		08-2008	
	(unbonded) Water Well Constructor Certification	1 1 1	
	I certify that the work I performed on the construction, abandonment of this well is in compliance with Or		
	construction standards. Materials used and information r		
	the best of my knowledge and belief.		
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date		
Pump Bailer Air Flowing Artesian	Electronically Filed		
Yield gal/minDrawdownDrill stem/Pump depthDuration (hr)	Signed		
200 60 1	(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.		
Temperature 80 °F Lab analysis Yes By			
Water quality concerns? Yes (describe below)			
From To Description Amount Units	License Number 1385 Date 11-16-2010		
	Electronically Filed		
	Signed ROBERT BUCKNER (E-filed)		
	Contact Info (optional)		