

LAKE 52369



Well #7

Amended
LAKE 52369
Well #7

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

WELL LABEL # 103998
START CARD # 206440
ORIGINAL LOG #

Instructions for completing this report are on the last page of this form.

(1) LANDOWNER
First Name Thomas Last Name Mac Donald
Company _____
Address PO Box 87
City Summer Lake State OR Zip 97640

(9) LOCATION OF WELL (legal description)
Country LAKE Twp 30 N or S Range 17 E or W W.M.
Sec 5 1/4 of the _____ 1/4 Tax Lot 600
Tax Map Number _____ Lat _____ Long _____
DMS or DD _____

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

Street Address of Well (or nearest address) 48413 Oyster
Spring Rd Summer Lake OR 97640

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(10) STATIC WATER LEVEL
Existing Well/Pre-Alteration Date 2-5-11 SWL (psi) 4 PSI + SWL (ft) _____
Completed Well _____
Flowing Artesian? Yes Dry Hole? Yes

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

WATER BEARING ZONES Depth water was first found 60

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

| SWL Date | From | To | Est Flow | SWL (psi) | + SWL (ft) |
|----------|------------|------------|----------------|-----------|------------|
| | <u>190</u> | <u>200</u> | <u>500 gal</u> | | <u>1'</u> |

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 360 ft. Special Standard: Yes (attach copy)

| BORE HOLE | | | SEAL | | | Amount | Scks/lb |
|------------|------------|------------|-----------------|----------|------------|------------|-------------|
| Dia | From | To | Material | From | To | | |
| <u>20"</u> | <u>0</u> | <u>360</u> | <u>Concrete</u> | <u>0</u> | <u>220</u> | <u>360</u> | <u>5 CK</u> |
| <u>12"</u> | <u>220</u> | <u>360</u> | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|------------------------|------------|------------|
| <u>TOP SOIL</u> | <u>0</u> | <u>2</u> |
| <u>Clay</u> | <u>2</u> | <u>10</u> |
| <u>BLACK CLAY WITH</u> | <u>10</u> | <u>35</u> |
| <u>Remica</u> | <u>35</u> | <u>65</u> |
| <u>Green Clay</u> | <u>65</u> | <u>105</u> |
| <u>Clay</u> | <u>105</u> | <u>210</u> |
| <u>Lava Rock</u> | <u>210</u> | <u>240</u> |
| <u>Red Basalt</u> | <u>240</u> | <u>270</u> |
| <u>Black Lava Rock</u> | <u>270</u> | <u>300</u> |
| <u>Red Clod</u> | <u>300</u> | <u>360</u> |

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Date Started 10-30-10 Completed 3-5-11

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lb
Actual Amount Used: _____ sacks/lb

(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 _____
Signed _____

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|----------|-------|------------|----------|----------|------------|-------------|----------|---------|--------|----------|
| <u>X</u> | | <u>12"</u> | <u>+</u> | <u>1</u> | <u>220</u> | <u>.250</u> | <u>X</u> | | | <u>X</u> |

(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 1654 Date 10-12-11
Signed Thomas Mac Donald
Contact Info. (optional)
Search drilling INC
Tom Search
541 576 2189

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

| Perf | Screen | Casing | Liner | Screen Dia | From | To | Screen/ slot width | Slot length | # of slots | Tele/ pipe size |
|------|--------|--------|-------|------------|------|----|--------------------|-------------|------------|-----------------|
| | | | | | | | | | | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Baker Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drift stone/Pump depth _____ Duration (hr) _____

Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

RECEIVED
MAR 1 2 2012
WATER RESOURCES DEPT
SALEM, OREGON
MFR-12012 12:34 FROM: TOM
APR 24 2014

STATE OF OREGON
WATER SUPPLY WELL REPORT

(OR S 37765 & OAR 690-205-0210)

Instructions for this report are on the last page of this form.

DRAFT

Well # 133 LAKE
LAKE 52369
52369

WELL LABEL # L 10 35 48
START CARD # 206440
ORIGINAL LOG #

(1) Owner Well I.D.
First Name Thomas Last Name Mac Donald
Company _____
Address PO Box 87
City Summer Lake State OR Zip 97640

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 370 ft. Special Standard: Yes (attach copy)

| BORE HOLE | | | SEAL | | | | |
|-----------|------|-----|----------|------|-----|--------|----------|
| Dia | From | To | Material | From | To | Amount | Scks/lbs |
| 20" | 0 | 220 | Cement | 0 | 220 | 300 | 5CK |
| 12" | 220 | 370 | | | | | |

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

| Csng | Lnr | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|------|-----|-----|---|------|-----|-------|-------|---------|--------|------|
| X | | 12" | + | 1 | 220 | .250 | X | | X | |

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

| Perf | Sern | Csng | Lnr | Screen Dia | From | To | Screen/slot width | Slot length | # of slots | Tele/pipe size |
|------|------|------|-----|------------|------|----|-------------------|-------------|------------|----------------|
| | | | | | | | | | | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 3000 Drawdown _____ Drill stem/Rump depth 370 Duration (hr) _____
Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Lake Twp 30 N or S Range 17 E or W W.M.
Sec 5 1/4 of the _____ 1/4 Tax Lot 600
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 48413 Dessert Spring Rd Summer Lake OR 97640

(10) STATIC WATER LEVEL

| | Date | SWL (psi) | + | SWL (ft) |
|------------------------------|---------------|--------------|---|----------|
| Existing Well/Pre-Alteration | <u>2-5-11</u> | <u>4 psi</u> | | |
| Completed Well | | | | |

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 60

| SWL Date | From | To | Est Flow | SWL (psi) | + | SWL (ft) |
|----------|------------|------------|----------------|-----------|---|-----------|
| | <u>190</u> | <u>200</u> | <u>500 gal</u> | | | <u>7"</u> |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|-----------------|------|-----|
| TOP SOIL | 0 | 2 |
| Clay Clay | 2 | 10 |
| Black clay with | 20 | 35 |
| Rumice | 35 | 65 |
| Green clay | 65 | 105 |
| Gray clay | 105 | 220 |
| Lake Rock | 220 | 240 |
| Red Basalt | 240 | 260 |
| Black Lake Rock | 260 | 300 |
| Red cidok | 300 | 370 |

Date Started 10-30-10 Completed 3-5-11

(unbonded) Water Well Constructor Certification
I certify that 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.

RECEIVED BY OWRD
JUN 12 2012
License Number _____ Date _____
Signed _____ SALEM, OR MAR 13 2012

(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 1654 Date 10-12-11
Signed Thomas Search
Contact Info. (optional) Search drilling INC
Tom Search
501 576-2189

Well #13

STATE OF OREGON
WATER SUPPLY

DRAFT

WELL LABEL # L 103998
START CARD # 206440
ORIGINAL LOC #

Instructions for completing this report are on the last page of this form.

(1) LANDOWNER
First Name Thomas Last Name MAC DONALD
Company _____
Address PO BOX 87
City SUMMER LAKE State OR Zip 97640

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 360 ft. Special Standard: Yes (attach copy)

| BORE HOLE | | | | SEAL | | | |
|-----------|------|-----|----------|------|-----|--------|----------|
| Dia | From | To | Material | From | To | Amount | Scks/lbs |
| 20" | 0 | 270 | Cement | 0 | 270 | 360 | 5CK |
| 12" | 270 | 370 | | | | | |

How was seal placed: Method A B C D E
 Other _____

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

| Casing/Liner | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|--------------|-----|---|------|-----|-------|-------|---------|--------|------|
| X | 14" | + | 1 | 270 | .250 | X | | X | |

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

| Perf | Screen | Casing/Liner | Screen Dia | From | To | Screen/slot width | Slot length | # of slots | Tele/pipe size |
|------|--------|--------------|------------|------|----|-------------------|-------------|------------|----------------|
| | | | | | | | | | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |

(9) LOCATION OF WELL (legal description)
County LAKE Twp 30 N or S Range 17 E or W W.M.
Sec 5 1/4 of the _____ 1/4 Tax Lot 600
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD

Street Address of Well (or nearest address) 48413 Dresser T
Spring Rd Summer Lake OR 97640

(10) STATIC WATER LEVEL

| | Date | SWL (psi) | + | SWL (ft) |
|------------------------------|---------------|--------------|---|----------|
| Existing Well/Pre-Alteration | <u>2-5-11</u> | <u>4 PSI</u> | | |
| Completed Well | | | | |

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 60

| SWL Date | From | To | Est Flow | SWL (psi) | + | SWL (ft) |
|----------|------------|------------|----------------|-----------|---|-----------|
| | <u>190</u> | <u>200</u> | <u>500 gal</u> | | | <u>1"</u> |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|-----------------|------|-----|
| TOP SOIL | 0 | 2 |
| Clay flat | 2 | 70 |
| BLACK CLAY WITH | 20 | 35 |
| Amica | 33 | 65 |
| Green Clay | 45 | 105 |
| Gray Clay | 105 | 270 |
| Lava Rock | 270 | 370 |
| Red Basalt | 270 | 370 |
| Black Lava Rock | 270 | 360 |
| Red Clotk | 300 | 360 |

Date Started 10-30-10 Completed 3-5-11

(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 _____
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 1654 Date 10-12-11
Signed Thomas Donald

Contact Info. (optional)
Search Drilling INC
TOM Search
541 576 2189

RECEIVED
MAR 1 2 2012
WATER RESOURCES DEPT
SALEM OREGON

LAKE 52369

May 15th, 2014

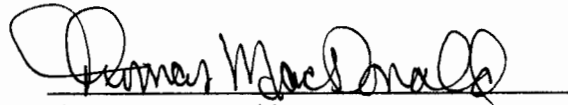
Oregon Water Resources Department
Attn: Buffy Gillis
725 Summer Street NE, Suite A
Salem, OR 97301

Dear Ms. Gillis,

Below is a list of the correct locations of the wells therein identified. Well driller Tom Search sent your office the corrected well logs for LAKE 1507 and LAKE 52487. Schroeder Law Offices sent your office the corrected well logs for the remaining wells.

| Well # | Well Log # | Township, Range, Section, Quarter-Quarter |
|--------|------------|---|
| Well 1 | LAKE 3030 | 30 South, 17 East, Sec. 8 NE NW |
| Well 2 | LAKE 1507 | 30 South, 17 East, Sec. 8 NE NW |
| Well 3 | LAKE 4444 | 30 South, 17 East, Sec. 8 NE NW |
| Well 4 | LAKE 3029 | 30 South, 17 East, Sec. 8 NE NW |
| Well 6 | LAKE 52368 | 30 South, 17 East, Sec. 5 SW SE |
| Well 7 | LAKE 52369 | 30 South, 17 East, Sec. 8 NE NW |
| Well 8 | LAKE 52487 | 30 South, 17 East, Sec. 5 NW SE |

Sincerely,



Thomas MacDonald
Desert Springs Trout Farm

RECEIVED BY OWRD

MAY 19 2014

SALEM, OR