

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

WELL I.D. # L 31765
START CARD # 121901

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

(1) OWNER: Well Number _____
Name Tanglewood International Enterprises Inc.
Address % Henderson & Bandy, Attorneys, 315 Gaudapine Isl.
City Eugene State OR Zip 97401

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other test well

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 100 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	bentonite	0	20	17
6"	20	100				

How was seal placed: Method A B C D E
 Other as per OAR 690-210-340
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0	2'	8/6	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liner:							

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method star
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
61	81'	1/4" x 1/4"	606			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
well output may fluctuate

Yield gal/min	Drawdown	Drill stem at	Time
110	77	100	1 hr.

Temperature of water 51° Depth Artesian Flow Found _____
Was a water analysis done? Yes By _____ No
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Lane Latitude _____ Longitude _____
Township 17 S N or S Range 5 W E or W. WM.
Section 31 NE 1/4 NW 1/4
Tax Lot 915 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Approx. 500' E of intersection of Jean Rd. + Hwy St. 300' N Veneta, OR

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 7/5/00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	44	17	
49	81	+ 93	23

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay brown	0	4	
Clay lt. brown	4	12	
Clay red	12	13	
Clay lt. brown / yellow	13	17	
Clay lt. yellow w/ gravel	17	22	
Sand w/ small gravel brown/yellow	22	28.5	
Gravel med. w/ sand	28.5	34	
Sand	34	43	23
Gravel med. w/ red sand	43	44.5	23
Clay brown w/ sand	44.5	49	23
Gravel med-lg. w/ blue sand	49	56	23
Gravel blue med. w/ coarse sand	56	76	23
Gravel lg-med.	76	81	23
Sand coarse. blue	81	83	23
Gravel med/sm silt gray	83	86	23
Clay gray	86	100	23

Date started 6/28/00 Completed 7/5/00

(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.

WWC Number _____
Signed _____ Date _____

(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.

WWC Number 636
Signed Tom Christensen Date 7/13/00



JUL 20 2000