

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

WELL I.D. # L 85824

START CARD # 192081

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

(1) LAND OWNER Well Number 4
 Name Jim Foglio
 Address 6565 SE Cavaller Way
 City Milwaukie State OR Zip 97267

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 185 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0'	37'	cement	0'	37'	10 sacks
6"	37'	185'				

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

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"	1.5'	37'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	2'	114'	160psi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4"	175'	185'	160psi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type "V" wire Material SS

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
114'	175'	.008		4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
33	48'		2 hr

Temperature of water 51 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Lane
 Tax Lot 2700 Lot _____
 Township 19 S Range 12 W WM
 Section 2 NW 1/4 SW 1/4

Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 5170 Grand
Florence, OR 97439, Big Spruce Mobile Home Park

(10) STATIC WATER LEVEL
40' ft. below land surface. Date 5/15/07
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
42'	175'	42 gpm	40'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
top soil	0	.5'	
sand, brownish tan	.5'	175'	40'
clay with sand, grey brown	175'	185'	40'

RECEIVED
 MAY 22 2007
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 4/19/07 Completed 5/15/07

(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.

WWC 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.

WWC Number 636 Date 5/21/07
 Signed Paul Christensen J-Pros
CHRISTENSEN WELL DRILLING CO.