

RECEIVED

LANE 68341

Amended land owner

WELL ID. # L 84331

START CARD # 197901

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

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

(1) LAND OWNER Name: Jim Fatty, Well Number: Sea Perch RV Resort, LLC, Address: 66 E. Jackson Blvd., Suite 500, City: Chicago, State: IL, Zip: 60604

(2) TYPE OF WORK: [X] New Well, [] Deepening, [] Alteration (repair/recondition), [] Abandonment, [] Conversion

(3) DRILL METHOD: [X] Rotary Air, [] Rotary Mud, [] Cable, [] Auger, [] Cable Mud, [] Other

(4) PROPOSED USE: [X] Domestic, [] Community, [] Industrial, [] Irrigation, [] Thermal, [] Injection, [] Livestock, [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction: [] Yes, [X] No, Depth of Completed Well: 178 ft, Explosives used: [] Yes, [X] No

Table with columns: BORE HOLE (Diameter, From, To, Material), SEAL (From, To, Sacks or Pounds). Rows include 10" and 8" diameters with cement and bentonite materials.

How was seal placed: Method [] A, [] B, [X] C, [] D, [] E. Backfill placed from ___ ft. to ___ ft. Material: ___. Gravel placed from ___ ft. to ___ ft. Size of gravel: ___.

(6) CASING/LINER table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing (6" diameter) and Liner (4" diameter).

Drive Shoe used [] Inside, [] Outside, [X] None. Final location of shoe(s): _____

(7) PERFORATIONS/SCREENS: [X] Perforations, Method: drill, [] Screens, Type: ___, Material: _____

Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner. Rows for slot sizes 3/8, 3/8, 3/8, 3/8.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump, [] Bailor, [X] Air, [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 6.5, 170, 178, 1 hour.

Temperature of water: 50, 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: _____

(9) LOCATION OF WELL (legal description) County: Lane, Tax Lot: ___, Lot: ___, Township: 16 S, Range: 12 W, WM, Section: 27 NW, 1/4 SE, 1/4

Lat: ___ ° ___ ' ___ " or ___ (degrees or decimal), Long: ___ ° ___ ' ___ " or ___ (degrees or decimal)

Street Address of Well (or nearest address): 85480 Hwy 101 S, Yachats, OR

(10) STATIC WATER LEVEL: 8 ft. below land surface, Date: 3-25-08. Artesian pressure: ___ lb. per square inch, Date: _____

(11) WATER BEARING ZONES table with columns: From, To, Estimated Flow Rate, SWL. Rows for zones from 15 to 160 ft depth.

(12) WELL LOG table with columns: Material, From, To, SWL. Rows for various soil types like topsoil, clay, sand, gravels, tuffs, basalt.

Date Started: 03-12-08, Completed: 03/25/08

(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.

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.

WWC Number: 636, Date: 3/28/08

Signed: Paul Christensen, V. Pres, CHRISTENSEN WELL DRILLING CO.

LANE 68341

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

WELL I.D. # L 94331

START CARD # 197901

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

(1) LAND OWNER Well Number _____
 Name Tim Tully
 Address 55 E. Jackson Blvd., Suite 500
 City Chicago State IL Zip 60604

(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 178 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	45	cement	0	45	12 sacks
6"	45	178	with 4% bentonite			

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"	+2	47	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	8	178	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 drill
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
20	85	3/8	17		pipesize	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85	125	3/8	10		pipesize	<input type="checkbox"/>	<input checked="" type="checkbox"/>
125	145	3/8	5		pipesize	<input type="checkbox"/>	<input checked="" type="checkbox"/>
145	168	3/8	5		pipesize	<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
6.5	170	178	1 hour
well output	may fluctuate		

Temperature of water 50 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use?
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Lane
 Tax Lot _____ Lot _____
 Township 15 S Range 12 W WM
 Section 27 NW 1/4 SE 1/4

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

Street Address of Well (or nearest address) 85480 Hwy 101 S, Yachats, OR

(10) STATIC WATER LEVEL
8 ft. below land surface. Date 3-25-08
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 78

From	To	Estimated Flow Rate	SWL
15	124	1/4 gpm	8
124	140	4.0 gpm	8
140	150	2.0 gpm	8
160	176	.5	8

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
topsoil	0	3	
clay, brown	3	11	8
clay, sandy grey	11	14	8
sand, brown	14	28	8
gravels, sandy	28	35	8
tuffs, grey green	35	72	8
tuffs, purple	72	76	8
tuffs, grey	76	87	8
tuffs, purple, brown	87	125	8
tuffs, grey, hard	125	176	8
basalt	176	178	8

Date Started 03-12-08 Completed 03/25/08

(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 3/28/08

Signed Paul Christensen V-Pres

CHRISTENSEN WELL DRILLING Co.

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MAR 31 2008