

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

WELL I.D. # L13914
START CARD # 99674

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

(1) OWNER: Well Number _____
Name Vallecitos Associates
Address 15892 Pasadena Ave. Ste. 220
City Tustin State CA Zip 92680

(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 _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
			<u>existing</u>			

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:	<u>existing</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4"</u>	<u>.5</u>	<u>200</u>	<u>11/16"</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
<u>30</u>	<u>80</u>		<u>60</u>	<u>3/8</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>100</u>	<u>125</u>		<u>14</u>	<u>3/8</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>140</u>	<u>170</u>		<u>14</u>	<u>3/8</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
	<u>no change</u>		<u>1 hr.</u>

Pump Bailer Air Artesian
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? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Lane Latitude _____ Longitude _____
Township 18 S N or S Range 3 W E or W. WM.
Section 21 NE 1/4 SE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Redtail Lane, Lot #35

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date 6/2/98
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>original SC # 76737</u>			
<u>drilled 9/13/95</u>			
<u>well # V-7</u>			
<u>lined existing well</u>			
<u>shale traps @ 85' + 135'</u>			

Date started 6/2/98 Completed 6/2/98

(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 Paul Christensen V-Proc Date _____

RECEIVED

SEP 02 2008