

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

12-08-2008

WELL LABEL # L 98659

START CARD # 1005820

(1) LAND OWNER Owner Well I.D. _____

First Name Carl Last Name Berg
Company
Address PO Box 94
City Alvadore State OR Zip 97409

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 88.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 10, 0, 19, Cement, 0, 19, 14, S. Row 2: 6, 19, 88.

How was seal placed: Method [] A [] B [X] C [] D [] E

[] Other

Backfill placed from _____ ft. to _____ ft. Material _____

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

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: [X], [], 6, 2, 88, .250, [X], [], [], [].

Shoe [X] Inside [] Outside [] Other Location of shoe(s) 88

Temp casing [X] Yes Dia 10 From 0 To 19

(7) PERFORATIONS/SCREENS

Perforations Method _____ Screens Type _____ Material _____

Perf/S Casing/ Screen green Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Table with columns: Perf/S, Casing/ Screen, green, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, 88, 1.

Temperature 57 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Lane Twp 16.00 S N/S Range 4.00 W E/W WM

Sec 35 NE 1/4 of the SW 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[X] Street address of well [] Nearest address

North side of E. Beacon Drive--across from Futura St. Eugene, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 12-08-2008, 15.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 22

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 12-08-2008, 22, 88, 100, 15.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows: topsoil (0-1), brown clay (1-13), gravel and clay (13-80), gravel (80-88).

Date Started 12-08-2008 Completed 12-08-2008

(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 1776 Date 12-08-2008

Electronically Filed

Signed DOUGLAS D TUCKER (E-filed)

(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 1541 Date 12-08-2008

Electronically Filed

Signed CASEY JONES JR (E-filed)

Contact Info (optional)