STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L [92436
START CARD#	197219

(1) LAND OWNER Owner Well I.D. 4929	(9) LOCATION OF WELL (legal descript	ion)		
First Name Bill Last Name Sabol	12	ge 3 W E/W WM		
Company DJ Edwards Family LLC	Sec 102 6 SE 1/4 of the NE 1/4 Te			
Address P.O. Box 425	Tax Map Number Lo	ot		
City St. Paul State OR Zip 97137	Lat o o o o o	DMS or DD		
(2) TYPE OF WORK New Well Deepening Conversion		DMS or DD		
Alteration (repair/recondition) Abandonment	Street address of well Nearest addr	ess		
(3) DRILL METHOD Rotary Air	Next to 32633 Cooper Dr. NE, Albany, OR 97321			
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL	(psi) + SWL(ft)		
(4) PROPOSED USE Domestic X Irrigation Community	Existing Well / Predeepening			
Industrial/ Commercial Livestock Dewatering	Completed Well 03-07-2008	9		
Thermal Injection Other	Flowing Artesian? Dry F	<u> </u>		
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	WATER BEARING ZONES Depth water was fi			
Depth of Completed Well 60 ft.	SWL Date From To Est Flow SV	WL(psi) + SWL(ft)		
BORE HOLE SEAL sacks/	1,200			
Dia From To Material From To Amt 1bs				
16 0 60 Bentonite 0 19 90 S				
	(11) WELL LOG Ground Elevation			
How was seal placed: Method A B C D E		From To		
Other Poured dry	Sandy Loam	0 10		
Backfill placed from ft. to ft. Material	Cemented gravel	1016		
Filter pack from ft. to ft. Material Size	Gravel and sand	16 60		
Explosives used: Yes Type Amount	Allowed formation to natually cave in around			
(6) CASING/LINER	casing below 20'			
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd				
● ○ 14 □ 20 60 250 ● ○ X □	JONES DRILLING CO., INC.			
	,			
	29400 SANTIAM HWY.	DECFIVED		
	LEBANON, OR 97355	VEASIA		
Shoe Inside Outside Other Location of shoe(s) Temp casing X Yes Dia 16 From 1 To 60	541-367-2560 541-451-2686	300 N 3 2008		
Temp casing X Yes Dia 16 From 1 To 60 (7) PERFORATIONS/SCREENS	1-800-915-8388	*		
Perforations Method Torch cut		TER RESOURCES DI		
Screens Type Material		SALEM OREGON		
Perf/S Casing/Screen Scrn/slot Slot # of Tele/creen Liner Dia From To width length slots pipe size	Date Started 03-06-2008 Completed 0			
Perf Casing 20 59 .438 10 400	(unbonded) Water Well Constructor Certification			
	I certify that the work I performed on the construction	n, deepening, alteration, or		
	abandonment of this well is in compliance with C			
	construction standards. Materials used and information the best of my knowledge and belief.	reported above are true to		
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1411 Date 03-2	20.2008		
	Password: (if)filing electronically)	10-2008		
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed Signed			
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1,200 55 1	(bonded) Water Well Constructor Certification			
3,3,2	I accept responsibility for the construction, deepening,	alteration or abandonment		
	work performed on this well during the construction date			
Temperature 54 °F Lab analysis Yes By	performed during this time is in compliance with (Oregon water supply well		
Water quality concerns? Yes (described)	construction standards. This report is true to the best of	my knowledge and belief.		
From To DEVELOPMENT Units	License Number 1684 Date 03-20-	-2008		
	Password : (if filing electronically)			
APR 25 2008	Signed Contact Info (potional)			
1818 TTT DEPOSITION AND THE DECOMPOSE DEPOSITION OF THE TOTAL AND THE DECOMPOSE DEPOSITION OF THE TOTAL AND THE TO				

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L	92436
START CARD#	197219

(1) LAND OWNER Owner Well I.D. 4929	(9) LOCATION OF WELL (legal description)
First Name Bill Last Name Sabol	County LINN Twp 10 S N/S Range 3 W E/W WM
Company DJ Edwards Family LLC	Sec 6 SE 1/4 of the NE 1/4 Tax Lot 102
Address P.O. Box 425 City St. Paul State OR Zip 97137	Tax Map Number Lot Lat ° ' " or 0 DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long o o o o DMS or DD Street address of well Nearest address
Alteration (repair/recondition) Abandonment	
(3) DRILL METHOD	Next to 32633 Cooper Dr. NE, Albany, OR 97321
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Reverse Rotary Other	
(4) PROPOSED USE Domestic X Irrigation Community	Existing Well / Predeepening Completed Well 03-07-2008 9
Industrial/ Commericial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 16
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	
Depth of Completed Well 59 ft.	03-07-2008 16 60 1,200 9
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	
16 0 59 Bentonite 0 19 90 S	
	(1) WELL LOC
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other Poured dry	Sandy Loam 0 10 Cemented gravel 10 16
Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size	Gravel & sand 16 60
·	
Explosives used:Yes Type Amount	Allowed formation to naturally cave in around
(6) CASING/LINER	casing below 20'
Cásing Liner Dia + From To Gauge Stl Plstc Wld Thrd 12 X 2 19 250 X	
	TONES DRILLING CO. INC. MAR 2 5 2008
	JONES DRILLING CO., INC.
	29400 SANTIAM HWY. WATER RESOURCES D
	LEBANON, OR 97355 SALEM, OREGON
Shoe Inside Outside Other Location of shoe(s)	541-367-2560 541-451-2686
Temp casing X Yes Dia 16 From 1 To 60	
(7) PERFORATIONS/SCREENS	1-800-915-8388
Perforations Method Torch cut	
Screens Type Material	
Perf/S Casing/ Screen Scm/slot Slot # of Tele/	Date Started 03-06-2008 Completed 03-07-2008
Creen Liner Dia From To width length slots pipe size Perf Casing 19 59 .438 10 400	(unbonded) Water Well Constructor Certification
ren leasing 19 39 .430 10 400	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.
(A) MUTA I TRECTED AND I	1
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1411 Date 03-20-2008 Password : (if filing electronically)
Pump Bailer Air Flowing Artesian	Signed Signed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1,200 55 1	(bonded) Water Well Constructor Cercification
-,,=0	I accept responsibility for the construction, deepening, alteration, or abandonment
	work performed on this well during the construction dates reported above. All work
Temperature 54 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number 1684 Date 03-20-2008
	Password : (if thing electronically) Signed
	Contact Info (optional) Jones Drilling Co., Inc. 1-800-915-8388
ORIGINAL - WATER RESOURCES	
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPART	MENT WITHIN 30 DAYS OF COMPLETION OF WORK
	Form Version: 0.89