

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

WELL LABEL # L 92439

START CARD # 198003

(1) LAND OWNER Owner Well I.D. 4933
 First Name Bill Last Name Sabol
 Company DJ Edwards Family LLC
 Address P.O. Box 425
 City St. Paul State OR Zip 97137

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 60 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
16	0	60	Bentonite	0	18	30	S

How was seal placed: Method A B C D E
 Other Poured dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	20	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	20	60	250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 16 From 1 To 60

(7) PERFORATIONS/SCREENS

Perf/S	Casing/ Screen	Liner	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing			20	60	.438	10		

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1,000 Drawdown _____ Drill stem/Pump depth 55 Duration (hr) 2

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County LINN Twp 9 S N/S Range 3 W E/W WM
 Sec 32 SW 1/4 of the SW 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or 0 _____ DMS or DD
 Long _____ " or 0 _____ DMS or DD
 Street address of well Nearest address

Cooper Dr., Albany, OR

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening		
Completed Well	04-18-2008	13

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 18

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-18-2008	18	50	1,000		13

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown sandy loam	0	10
Cemented gravel	10	18
Sand & gravel	18	50
Blue clay	50	60
Naturally caved in around 14" casing from 18' - 60'		

JONES DRILLING CO., INC.
 29400 SANTIAM HWY.
 LEBANON, OR 97355
 541-367-2560 541-451-2686
 1-800-915-8388

RECEIVED

APR 23 2008

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 04-17-2008 Completed 04-18-2008

(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 1411 Date 04-22-2008
 Password: (if filing electronically) _____
 Signed [Signature]

(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 1684 Date 04-22-2008
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) Jones Drilling Co., Inc 1-800-915-8388