LINN 60929

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

WELL LABEL # L	112545
START CARD#	1023647

(1) LAND OWNER Owner Well I.D. 5426	(0) LOCATION OF WELL (local description)	
First Name Ron Last Name Hess	(9) LOCATION OF WELL (legal description) County LINN Twp 14 S N/S Range 1 W E	E/W WM
Company East Name 11658	County LINN Twp 14 S N/S Range 1 W E Sec 18 SE 1/4 of the NE 1/4 Tax Lot 1801 1801	/W WIVI
Address 650 Castro Street, #120-292	Tax Map Number Lot	
City Mountain View State CA Zip 94041		or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long o ' or DMS	or DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address	
	38530 Hwy. 228, Sweet Home, OR 97386	
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud		
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL((A)
	Date SWL(psi) + SWL(Existing Well / Predeepening	<u>n)</u>
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 07-23-2014 18	
Industrial/ Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?	
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 130	
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)		
Depth of Completed Well 180 ft. BORE HOLE SEAL sacks/		8
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs	07-10-2014 140 143 10	•
10 0 19 Bentonite 0 19 11 S		
6 19 180		
	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B C D E	Gloding Excyation	_
X Other Poured dry	Material From To Topsoil 0 2	
Backfill placed from ft. to ft. Material	Brown clay 2 8	
Filter pack from ft. to ft. Material Size	Cemented sand & gravel 8 138	\rightarrow
Explosives used: Yes Type Amount	Weathered broken basalt138150Broken dark gray basalt150180	
(6) CASING/LINER	Bloken dark gray basait 150 180	' —
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd		
€ 6X1139250X		
		-
Shoe Inside Outside Other Location of shoe(s)	JONES DRILLING CO., INC.	
	29400 SANTIAM HWY.	
	LEBANON, OR 97355	-
(7) PERFORATIONS/SCREENS Perforations Method	541-367-2560 541-451-2686	
Screens Type Material	1-800-915-8388	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/	Date Started 07-10-2014 Completed 07-10-2014	
creen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification	
	I certify that the work I performed on the construction, deepening, altera	ition or
	abandonment of this well is in compliance with Oregon water supp	
	construction standards. Materials used and information reported above are	true to
(O) WELL TECTO AC:	the best of my knowledge and belief.	
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1888 Date 07-24-2014 Password : (if filing electronically)	
Pump Bailer Air Flowing Artesian	Signed Signed	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 15 179 1	(bonded) Water Well Constructor Certification	
	I accept responsibility for the construction, deepening, alteration, or aban	donmo
	work performed on this well during the construction dates reported above.	
Temperature 53 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water sup	ply well
Water quality concerns? Yes (describe below) From RECEIVED Bysschild Amount Units	construction standards. This report is true to the best of my knowledge and	belief.
From RECEIVED BY Schiller Amount Units	License Number 1684 Date 07-24-2014	
	Password : (if filing electronically) Signed	
JUL 2 9 2014	Contact Info (optional) jonesd/alling@hotmail.com	