

(1) LAND OWNER Owner Well I.D. 5495
 First Name _____ Last Name _____
 Company Camp Attitude Oregon Inc.
 Address 8845 Rickreall Rd.
 City Rickreall State OR Zip 97371

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

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

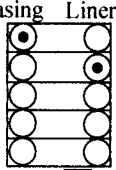
(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 160 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
10	0	58	Cement	0	58	20	S
6	58	160			Calculated	15.96	
						Calculated	

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 10 From 0 To 19

(7) PERFORATIONS/SCREENS
 Perforations Method drilled 1/4" holes
 Screens Type _____ Material _____

Perf	Casing/Screen	Liner Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4.5	60	160	.25	.25	1,500	

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

42		159	1
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 Temperature 53 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 65

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County LINN Twp 13 S N/S Range 2 E E/W WM
 Sec 28 SE 1/4 of the SW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

45829 S. Santiam Hwy., Foster, OR 97345

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	03-24-2015		52

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 118

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
03-23-2015	118	121	5		52
03-23-2015	121	160	37		52

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Cemented sand & gravel	2	21
Hard gray sandstone	21	30
Brown sandstone	30	32
Hard blue sandstone	32	37
Soft brown sandstone	37	42
Medium brown sandstone	42	52
Hard blue sandstone	52	118
Brown sandstone	118	121
Gray to black basalt	121	160

JONES DRILLING CO., INC. RECEIVED BY OWRD
 29400 SANTIAM HWY.
 LEBANON, OR 97355 APR 01 2015
 541-367-2560 541-451-2686
 1-800-915-8388 SALEM, OR

Date Started 03-23-2015 Completed 03-24-2015

(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 1888 Date 03-25-2015
 Signed _____

(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 1644 Date 03-25-2015
 Signed _____
 Contact Info (optional) jonesdrilling@hotmail.com