

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL I.D. LABEL# L 120685 START CARD # 1030356

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

LINN 61635 ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 5649

First Name Jimmy Last Name Lee Company Third Knight Farms Address 34309 Hwy 34 SE City Albany State OR Zip 97322

(2) TYPE OF WORK

[X] New Well [] Deepening [] Conversion

[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Table with columns: Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes Casing and Seal rows.

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE

[] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [] (Attach copy)

Depth of Completed Well 300 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Includes rows for Bentonite and Calculated.

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

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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of casing sections.

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

Temp casing [X] Yes Dia 16 From 0 To 19

(7) PERFORATIONS/SCREENS

Perforations Method ___

Screens Type ___ Material ___

Table with columns: Perf/S, Casing/Screen, Dia, From, To, width, length, slots, pipe size. Includes a 'RECEIVED BY OWNER' stamp dated MAY 27 2016.

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

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes a row with values 950, 70, 4.

Temperature 53 °F Lab analysis [] Yes By ___

Water quality concerns? [] Yes (describe below) TDS amount 96

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

(9) LOCATION OF WELL (legal description)

County LINN Twp 11 S N/S Range 3 W E/W WM Sec 35 SE 1/4 of the SE 1/4 Tax Lot 100 Tax Map Number ___ Lot ___ Lat ___ or ___ DMS or DD Long ___ or ___ DMS or DD [X] Street address of well [] Nearest address

33890 Goltra rd. Albany, OR 97322

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Includes a row for Completed Well on 05-17-2016 with SWL 5.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 5

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes rows for dates 05-12-2016, 05-13-2016, 05-13-2016, 05-14-2016.

(11) WELL LOG

Ground Elevation ___

Table with columns: Material, From, To. Lists various soil types and depths from 0 to 165 feet.

Date Started 05-02-2016 Completed 05-17-2016

(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 05-20-2016

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 05-20-2016

Signed [Signature]

Contact Info (optional) [Signature]

