

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 101311

START CARD # 1010023

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Owner Well I.D. First Name Last Name Company TREASURE VALLEY MOBILE HOME PARK Address 1000 MORE ST City VEE State OR Zip 97918

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

(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 [] Injection [] Thermal [] Other

(5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy) Depth of Completed Well 520 ft.

Table with columns: Dia, From, To, Material, From, To, Amount, Sols/lbs. Row 1: 10, 0, 50, Bentonite, 0, 22, 11, 20. Row 2: 6, 50, 520.

How was seal placed: Method [] A [] B [] C [] D [] E [] Other dry pour Backfill placed from 0 ft. to 50 ft. Material Filter pack from 22 ft. to 43 ft. Material gravel Size 38 Explosives used: [] Yes Type Amount

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd. Row 1: 6, 2, 58, 1/4, 1/4, 1/4, 1/4, 1/4, 1/4, 1/4

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 58 Temporary casing [X] Yes Diameter 10 From 0 To 44

(7) PERFORATIONS/SCREENS Perforations Method DOWN HERE Screens Type Material

Table with columns: Perf, Scm, Casing, Liner, Screen Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size. Row 1: 1, 1, 6, 23, 44, 1/8, 5/8, 180

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailer [] Air [] Flowing Artesian Yield gal/min 38 Drawdown 23 Drill stem/Pump depth 50 Duration (hr) 5 hr

Temperature 58 °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below) Table with columns: From, To, Description, Amount

(9) LOCATION OF WELL (legal description) County MALH Twp 18S N or S Range 45E E or W W.M. Sec 19 NW 1/4 of the SE 1/4 Tax Lot 800 Tax Map Number Lot Lat Long Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL Table with columns: Existing Well/Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 5-11-10, 20

WATER BEARING ZONES Depth water was first found 22 Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 5-11-1, 22, 43, 38, 20

(11) WELL LOG Ground Elevation Table with columns: Material, From, To. Rows: Clay Brown (0-22), clay sand & gravel (22-43), Clay Blue (43-520). RECEIVED stamp: JUL 14 2010 WATER RESOURCES DEPT SALEM, OREGON

Date Started 5-10-10 Completed 5-11-10

(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. License Number Date 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. License Number 1867 Date 5-28-10 Signed Contact Info. (optional)

RECEIVED stamp: JUN 03 2010 WATER RESOURCES DEPT SALEM, OREGON