

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

(WELL I.D.)# L 72475
 (START CARD) # 168793

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

(1) OWNER: Well Number _____
 Name Sunset View Ranch LLC
 Address PO Box 354
 City Amity State OR Zip 97101

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

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 119 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	40	bentonite	0	40	25 sks
6	40	119				

How was seal placed: Method A B C D E
 Other poured & probed
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	6	+3	40	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	4	2.5	119	cl200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method skilsaw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
44	114	.2x6	170			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75		119	1 hr.

Temperature of water ~55F Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Polk Latitude _____ Longitude _____
 Township 6 S Range 4 W WM.
 Section 9 SW 1/4 SE 1/4
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 8600 Oak Grove Rd
Rickreal, OR

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 1/20/06
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
45	82	see (8)	21

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Clay, brown, soft	2	25	
Claystone, brown, medium	25	33	
Claystone, grey, medium-hard, fractured	33	82	
Claystone, dark grey, medium-hard	82	115	
Claystone, dark grey, hard	115	119	

RECEIVED

FEB 01 2006

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 1/17/06 Completed 1/20/06

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.

Signed _____ WWC Number 1367
 Date 1/31/06

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.

Signed Stephen J. Schneider WWC Number 649
 Date 1/31/06