

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 96364

START CARD # 199032

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

(1) LAND OWNER Owner Well I.D.
First Name PAUL Last Name MCDONALD
Company PAUL MCDONALD MANAGEMENT LLC
Address 1420 DOLLAR
City WIST LIND State OR Zip _____

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 458 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (Scks/lbs)
12	0	18	BRANDITE	0	18	12
8	18	458				

How was seal placed: Method A B C D E
 Other ROUNDER

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>	8	+	2	18	.250	X			

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 100 Drawdown 100% Drill stem/Pump depth 457 Duration (hr) 1 hr

Temperature 57 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____
RECEIVED
OCT 15 2008
WATER RESOURCES DEPT

(9) LOCATION OF WELL (legal description)
County SHERMAN Twp 2 N or S 17 E or W W.M.
Sec 30 SE 1/4 of the SE 1/4 Tax Lot 5200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 93811 BL+66 LANE
CROSS VALLEY OR

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>9-1-08</u>			<u>304</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 386

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>9-1-08</u>	<u>386</u>	<u>416</u>	<u>100</u>			<u>304</u>

(11) WELL LOG Ground Elevation 1400

Material	From	To
SOIL	0	4
GREY BASALT	4	193
GREY BROWN BASALT	193	200
TAN CLAY	200	223
GREY BROWN BASALT	223	238
GREY BASALT	238	386
RED, BLACK, GREEN, R.O. ROCK	386	416
GREY BASALT	416	458

Date Started 8-15-08 Completed 9-1-08

(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 _____ Date _____
Signed BEN TUBBID

(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 1782 Date 9-2-08
Signed [Signature]
Contact Info. (optional) _____