STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WHEE 50328 07-24-2007

WELL LABEL # L 91175

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START CARD # 1001418

(1) LAND OWNER Owner Well I.D.5	(9) LOCATION OF WELL (legal description)	
First Name CASEY Last Name SAFRENO	County Wheeler Twp 11.00 S N/S Range 24.00 E E/	W WM
Company 4DSD,LLC	Sec 23 SE $1/4$ of the SE $1/4$ Tax Lot 501	
Address 175 PHILLIP RD	Tax Map Number Lot	
City WOODSIDE State CA Zip 94062	Lat 44 °36 '144 " or 44.64000000 DMS of DMS	or DD
	$\begin{array}{c} \text{Lat} & \frac{44}{100} & \frac{50}{48} & \frac{144}{358} & \text{or} & \frac{44.0400000}{119.89944444} & \text{DMS} \end{array}$	
(2) TYPE OF WORK New Well Deepening Conversion		or DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address	
	NON ASSIGNED WELL#5	
(3) DRILL METHOD		
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(
Reverse Rotary Other		(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening	
Industrial/Commercial Livestock Dewatering	Completed Well 07-18-2007 15 34.6	
	Flowing Artesian? Dry Hole?	
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 420	
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	SWL Date From To Est Flow SWL(psi) + SWL	(ft)
Depth of Completed Well 450.00 ft.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$.6
BORE HOLE SEAL sacks/		
Dia From To Material From To Amt Ibs		
12 0 49 Bentonite Chips 0 49 28 S		
8 49 450		
	(11) WELL LOG Ground Elevation	
	Ground Elevation	-
How was seal placed: Method A B C D E	Material From To	
Other POURED DRY	Clay Brown 0 6	
Backfill placed from ft. to ft. Material	Clay Green 6 40	
Filter pack from ft. to ft. Material Size	Claystone Gray4056Claystone Brown5678	
Explosives used: Yes Type Amount	Claystone Green 78 107	
	Claystone Brown 107 136	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Claystone Green 136 205	
$\textcircled{0} \\ \fbox{0} \\ \fbox{0} \\ \fbox{0} \\ \fbox{0} \\ \r{0} \\ $ } } }	Claystone Gray 205 238	
	Claystone Green 238 293	
	Claystone Gray Fractured 293 338	
	Claystone Green 338 346	
	Claystone Green Fractured 346 450	
Shoe Inside Outside Other Location of shoe(s)		
Temp casing Yes Dia From To		
(7) PERFORATIONS/SCREENS		
Perforations Method		
Screens Type Material		
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/ Screen Liner Dia From To width length slots pipe size	Date Started 07-17-2007 Completed 07-18-2007	
Screen Liner Dia From To width length slots pipe size		
	(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alterat	tion or
	abandonment of this well is in compliance with Oregon water supply	
	construction standards. Materials used and information reported above are	
	the best of my knowledge and belief.	
(8) WELL TESTS: Minimum testing time is 1 hour		
Pump Bailer Air Flowing Artesian	Electronically Filed Signed JEB W ABBAS (E-filed)	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed JED W ADDAS (E-IIIcd)	
300 450 1	(bonded) Water Well Constructor Certification	
	I accept responsibility for the construction, deepening, alteration, or aband	
	work performed on this well during the construction dates reported above. A	
Temperature 65 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supp	
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and b	belief.
From To Description Amount Units	License Number <u>1720</u> Date07-24-2007	
	Electronically Filed	-
	Signed JACK ABBAS (E-filed)	
	Contact Info (optional)	

ORIGINAL - WATER RESOURCES DEPARTMENT

ORIGINAL - WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.88