

WELL LABEL # L 91169

START CARD # 1001417

(1) LAND OWNER Owner Well I.D. 4
First Name CASEY Last Name SAFRENO
Company 4DSD,LLC
Address 175 PHILLIP RD
City WOODSIDE State CA Zip 94062

(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
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 450.00 ft.

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
12	0	19	Bentonite Chips	0	19	11	S
8	19	450					

How was seal placed: Method A B C D E

Other POURED DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen	Dia	From	To	Scrn/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	Drawdown	Drill stem/Pump depth	Duration (hr)
25		450	1

Temperature 65 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Wheeler Twp 11.00 S N/S Range 24.00 E E/W WM

Sec 24 NW 1/4 of the SE 1/4 Tax Lot 501

Tax Map Number _____ Lot _____

Lat 44 °36 '647 " or 44.77972222 DMS or DD

Long -119 °47 '135 " or -119.82083333 DMS or DD

Street address of well Nearest address

NON ASSIGNED WELL #4

(10) STATIC WATER LEVEL

Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			
Completed Well	07-19-2007		26

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 97

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
07-18-2007	97	104	25			26

(11) WELL LOG

Ground Elevation _____

Material	From	To
Clay Brown	0	6
Clay Green	6	12
Claystone Green	12	25
Claystone Gray	25	40
Claystone Brown	40	43
Claystone Gray	43	97
Claystone Gray Fractured	97	104
Claystone Gray	104	232
Claystone Green	232	285
Claystone Gray	285	300
Claystone Green Fractured	300	376
Claystone Gray Fractured	376	450

Date Started 07-18-2007 Completed 07-19-2007

(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 1852 Date 07-24-2007

Electronically Filed

Signed JEB W ABBAS (E-filed)

(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 1720 Date 07-24-2007

Electronically Filed

Signed JACK ABBAS (E-filed)

Contact Info (optional)