

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

08-20-2007

WELL LABEL # L 91170

START CARD # 1001791

(1) LAND OWNER Owner Well I.D.#10

First Name CASEY Last Name SAFRENO
Company 4DSD,LLC
Address 175 PHILLIP RD
City WOODSIDE State CA Zip 94062

(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 [ ] Irrigation [ ] Community [ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [X] Other TEST HOLE

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

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs, sacks/

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [X] 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
Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) \_\_\_
Temp casing [ ] Yes Dia \_\_\_ From \_\_\_ To \_\_\_

(7) PERFORATIONS/SCREENS Perforations Method \_\_\_ Screens Type \_\_\_ Material \_\_\_

Table with columns: Perf/ Screen, Casing/ Liner Dia, Screen From To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
60 450 1

Table with columns: 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 15 NE 1/4 of the NW 1/4 Tax Lot 501
Tax Map Number \_\_\_ Lot \_\_\_
Lat 44 °37 '186 " or 44.66833333 DMS or DD
Long -119 °49 '774 " or -120.03166667 DMS or DD
[ ] Street address of well [ ] Nearest address
NON ASSIGNED WELL #10

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft)

WATER BEARING ZONES Depth water was first found 210

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG Ground Elevation \_\_\_

Table with columns: Material, From, To

Date Started 08-07-2007 Completed 08-08-2007

(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 08-20-2007
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 08-20-2007
Electronically Filed
Signed JACK ABBAS (E-filed)
Contact Info (optional)