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

## WHEE 50335 08-20-2007

**WELL LABEL # L** 91135

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**START CARD #** 1001790

(1) LAND OWNER Owner Well I.D.#9	(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	$\frac{1}{8} = \frac{1}{14} =$
Address 175 PHILLIP RD	Tax Map Number
City WOODSIDE State CA Zip 94062	Lat 44 °36 '899 " or 44.84972222 DMS or DD
	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
(2) <b>TYPE OF WORK</b> New Well Deepening Conversion	
Alteration (repair/recondition)	Street address of well   Nearest address
(3) DRILL METHOD	NON ASSIGNED WELL #9
Rotary Air     Rotary Mud     Cable     Auger     Cable Mud       Reverse Rotary     Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
	Existing Well / Predeepening
(4) PROPOSED USE Domestic Irrigation Community	Completed Well 08-14-2007 17
Industrial/ Commericial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other TEST HOLE	WATER BEARING ZONES Depth water was first found 205
(5) BORE HOLE CONSTRUCTION Special Standard Attach co	
Depth of Completed Well 470.00 ft.	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
BORE HOLE SEAL sach	s/ 08-14-2007 445 470 35 17
Dia From To Material From To Amt lb	
12       0       18.5       Bentonite       0       18.5       11       5	
8 18.5 470	
	(11) WELL LOG Ground Elevation
	Giound Elevation
How was seal placed: Method A B C D E	MaterialFromToBROWN CLAY05
Other POURED DRY	BROWN CLAY STONE 5 104
Backfill placed from ft. to ft. Material	GRAY CLAY STONE 104 113
Filter pack from ft. to ft. Material Size	BROWN CLAY AND GRAVELS 113 125
Explosives used: Yes Type Amount	- GRAY LAVA FRACTURED 125 305
(C) CASINC/LINED	GRAY CLAY STONE 305 326
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thu	
$\textcircled{0} \\ \textcircled{0} \\ \end{array}{}$	
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To To	
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	Date Started 08-14-2007 Completed 08-14-2007
Screen Liner Dia From To width length slots pipe siz	
	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1831 Date 08-20-2007
Pump Bailer Air Flowing Artesian	Electronically Filed Signed ALLEN R PECK (E-filed)
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Siglied ADDRACK (L-Ince)
50 470 1	(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
Temperature 62 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number 1720 Date 08-20-2007
	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