

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

08-20-2007

WELL LABEL # L 91174

START CARD # 1001788

(1) LAND OWNER Owner Well I.D.# 7

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, Amt, lbs, Sacks. Row 1: 12, 0, 18.5, Bentonite, 0, 18.5, 11, S

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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: [X], [], 8, 1.5, 18.5, .250, [X], [], [], []

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 Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Table with columns: Perf, Casing, 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 [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, , 450, 1

Temperature 62 °F Lab analysis [] Yes By ___

Water quality concerns? [] Yes (describe below)

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 13 NE 1/4 of the SW 1/4 Tax Lot 1700

Tax Map Number ___ Lot ___

Lat 44 °36 '713 " or 44.79805556 DMS or DD

Long -119 °47 '136 " or -119.82111111 DMS or DD

[X] Street address of well [] Nearest address

NON ASSIGNED WELL #7

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening [] []

Completed Well 08-14-2007 [] 58

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 100

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 08-13-2007, 100, 128, 15, 58

(11) WELL LOG

Ground Elevation ___

Table with columns: Material, From, To. Row 1: BROWN CLAY AND LAVA, 0, 2

Date Started 08-13-2007 Completed 08-14-2007

(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)