

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

OCT 11 2005

WATER RESOURCES DEPT
 SALEM, OREGON

WELL I.D. # L 78883

START CARD # 171018

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
 Name Ron Decker
 Address 4264 Beagle Rd
 City White City State Or Zip 97503

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 211 ft.
 Explosives used: Yes No Type _____ Amount _____

Diameter	BORE HOLE		SEAL		Sacks or Pounds
	From	To	Material	From To	
10"	0	19	Cement	0 19	5 Sacks
8"	19	211			

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing 6"	0	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner 4"	0	211	180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
131	211	1/8x8	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
80GPM		211	1Hr

Temperature of water 61° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Jackson
 Tax Lot 411 Lot _____
 Township 35 S Range 2 W WM
 Section 12 NW 1/4 SE 1/4

Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 4264 Beagle Rd.
White City, Or

(10) STATIC WATER LEVEL
16 ft. below land surface. Date 9-26-05
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 76

From	To	Estimated Flow Rate	SWL
76	207	80GPM	16

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Soil, Black	0	4	
Claystone, Brown	4	11	
Claystone Gray	11	211	16

Date Started 9-26-05 Completed 9-28-05

(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.
 WWC Number _____ Date 9-28-05
 Signed [Signature]

(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.
 WWC Number 1207 Date _____
 Signed [Signature]

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L **78880**

START CARD # **171016**

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number
 Name Ron Decker
 Address 4264 Beagle Rd
 City White City State Or Zip 97503

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 201 ft.
 Explosives used: Yes No Type _____ Amount _____

Diameter	BORE HOLE		Material	SEAL		Sacks or Pounds
	From	To		From	To	
10"	0	19	Cement	0	19	5 Sacks
6"	19	201				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	201	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
80	80	1/8x8	17			<input type="checkbox"/>	<input checked="" type="checkbox"/>
121	201	1/8x8	51			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25GPM		201	1Hr

Temperature of water 60° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Jackson
 Tax Lot 411 Lot _____
 Township 35 S Range 2 W WM
 Section 12 NW 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 4264 Beagle Rd.
White City, Or

(10) STATIC WATER LEVEL
33 ft. below land surface. Date 9-14-05
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 74

From	To	Estimated Flow Rate	SWL
74	196	25GPM	33

(12) WELL LOG

Material	From	To	SWL
Soil, Brown	0	1	
Claystone, Brown	1	12	
Claystone, Grey	12	201	33

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 OCT 03 2005
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 9-14-05 Completed 9-14-05

(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.

WWC Number 1207 Date 9-15-05
 Signed Donell J. Mentum

(bonded) Water Well Constructor Certification
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WWC Number 1207 Date 9-15-05
 Signed Jaqueline M. ...

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

OCT 11 2005

WELL I.D. # 178684

START CARD # 171020

Instructions for completing this report are on the back of this form.

(1) LAND OWNER
Name Ron Decker Well Number _____
Address 4264 Beagle Rd.
City White City State Or Zip 97503

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 101 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
10"	0	29	Cement	0	29	8 Sacks	
8"	29	101					

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Diameter	From	To	Gauge	Steel				Plastic			
				Welded	Threaded	Welded	Threaded	Welded	Threaded		
Casing: 8"	+1	29	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	101	180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 29

(7) PERFORATIONS/SCREENS
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
21	101	1/8x8	72			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
24GPM		101	1Hr

Temperature of water 61° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Jackson
Tax Lot 411 Lot _____
Township 35 S Range 2 W WM
Section 12 NW 1/4 SE 1/4
Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
Long _____ ° _____ ' _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) 4264 Beagle Rd., White City, Or

(10) STATIC WATER LEVEL
19 ft. below land surface. Date 9-27-05
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES		Estimated Flow Rate		SWL
From	To			
43	94	24GPM		19

Material	Ground Elevation		SWL
	From	To	
Soil, Brown	0	2	
Claystone Brown	2	12	
Claystone, Grey	12	18	
Claystone, Brown	18	24	
Claystone, Grey	24	101	19

Date Started 9-27-05 Completed 9-27-05

(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.

WWS Number 178684 Date 9-27-05
Signed [Signature]

(bonded) Water Well Constructor Certification
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WWC Number 1207 Date _____
Signed [Signature]