

WASC 51499

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

WELL I.D. # L 77304

START CARD # W173768

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

(1) LAND OWNER Well Number 1
 Name TOM PETERS
 Address 788 NW 84TH ST
 City VANCOUVER State WA Zip 98085

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/renovation) 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 230 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12"	0	80	CE	0	40	22 SACKS
8"	80	120				
6"	120	230				

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: 8"	0	80	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 80'

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
480	100	220	1 HR

Temperature of water 80 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 WASCO
 Tax Lot 280 Lot _____
 Township 1 S Range 14 E WM
 Section 1 SW 1/4 NW 1/4

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

Street Address of Well (or nearest address) MASON CUTOFF RD THE DALLER OR 97058

(10) STATIC WATER LEVEL
10 ft. below land surface. Date 02-22-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 210

From	To	Estimated Flow Rate	SWL
210	230	480	10

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOPSOIL	0	1	
BROWN CLAY	1	7	
GRAVEL W/ FRACTURE BASALT	7	14	10
BROWN BASALT, POROUS	14	80	10
W/CLAYSTONE CAVING	14	80	10
GRAY BASALT, HARD	80	210	10
BLACK BASALT, POROUS	210	220	10
WATERBEARING	210	220	10
BLACK BASALT, POROUS	220	230	10
CAVING, WATERBEARING	220	230	10

Date Started 02-22-06 Completed 02-22-06

(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 1288 Date 2-22-06

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 731 Date 2-22-06

Signed [Signature]

ORIGINAL - WATER RESOURCES DEPARTMENT RECEIVED FIRST COPY - CONSTRUCTOR RECEIVED BY OWNER SECOND COPY - CUSTOMER

SEP 22 2006
 WATER RESOURCES DEPT
 SALEM, OREGON

JAN 22 2014

SALEM, OR

WASC 51792

WASC 51792

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

08-26-2010

WELL LABEL # 1 97085

START CARD # 206089

(1) LAND OWNER Owner Well I.D. 3
First Name TOM Last Name PETERS
Company
Address MASON CUTOFF RD
City THE DALLES State OR Zip 97058

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 250.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Includes rows for Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E

[X] Other POUR IN

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.

Shoe [] Inside [X] Outside [] Other Location of shoe(s)

Temp casing [X] Yes Dia 12 From 0 To 15

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Table with columns: Per/S, Casing/Screen, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/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).

Temperature 65 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describes below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)
County Wasco Twp 1.00 S N/S Range 14.00 E E/W WM
Sec 2 SW 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number Lot
Lat 0 0 " or DMS or DD
Long 0 0 " or DMS or DI
[] Street address of well [] Nearest address

MASON CUTOFF RD THE DALLES OR 97058

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 08-17-2010 30
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG table with columns: Material, From, To. Includes entries like TOPSOIL, GRAVEL & SAND, BROWN & GRAY BASALT, etc.

Date Started 08-10-2010 Completed 08-17-2010

(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.

License Number 1256 Date 08-26-2010
Electronically Filed
Signed KARI F MOORE JR (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.

License Number 731 Date 08-26-2010
Electronically Filed
Signed CHARLES MOORE (E-filed) RECEIVED BY OWRD
Contact Info (optional)

SALEM, OR

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

11-11-2010

WELL LABEL # L 84462

START CARD # 206085

(1) LAND OWNER Owner Well I.D. 3
First Name THOMAS L Last Name PETERS
Company
Address 1010 WASHINGTON ST
City VANCOUVER State WA Zip 98665

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 250.00 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Includes rows for Granular Bentonite and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other POUR IN
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 Sil Plstc Wld Thrd
Shoe [] Inside [X] Outside [] Other Location of shoe(s) 68
Temp casing [X] Yes Dia 12 From 0 To 15

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/S Casing/Screen
reen Liner Dia From To Scrn/slot Slot # of Tele/
width length slots 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)
700 240 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 Wasco Twp 1.00 S N/S Range 14.00 E E/W WM
Sec 2 SW 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number Lot
Lat ' " or DMS or DD
Long ' " or DMS or DD
[] Street address of well [] Nearest address
MASON CUTOFF RD THE DALLES OR 97058

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 11-08-2010 20
Flowing Artesian? [] Dry Hole? []
WATER BEARING ZONES Depth water was first found 202
SWL Date From To Est Flow SWL(psi) + SWL(ft)
11-08-2010 202 250 700 20

(11) WELL LOG
Ground Elevation
Material From To
TOPSOIL 0 2
GRAVEL & BOULDERS 2 13
BROWN BASALT, MILD FRACTURES 13 65
GRAY BASALT, MEDIUM 65 72
GRAY BASALT, HARD 72 202
BLACK BASALT, CREVISED, WATERBEARING 202 229
RED BASALT, POROUS, WATERBEARING 229 250

Date Started 11-01-2010 Completed 11-08-2010

(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 1256 Date 11-11-2010
Electronically Filed
Signed KARL F. MOORE JR (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 731 Date 11-11-2010
Electronically Filed
Signed CHARLES MOORE (E-filed)
RECEIVED BY OWRD
Contact Info (optional)

IAN 22 2014

SALEM, OR

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

04-11-2012

WELL LABEL # L 97093

START CARD # 208055

(1) LAND OWNER Owner Well I.D. 5

First Name TOM Last Name PETERS
Company
Address 1010 WASHINGTON ST STE200
City VANCOUVER State WA Zip 98660

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

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy
Depth of Completed Well 340.00 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Anit, lbs. Row 1: 12, 0, 256, Cement, 0, 256, 153, S.

How was seal placed: Method [] A [] B [X] C [] D [] E

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, Thr. Includes a diagram of casing connections.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 256

Temp casing [X] Yes Dia 12 From 0 To 18

(7) PERFORATIONS/SCREENS

Perforations Method Type Material

Table with columns: Perf/S, Casing/Screen, Dia, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Includes a 'RECEIVED' stamp and 'WATER RESOURCES DEPT SALEM, OREGON' stamp.

(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)
1,300 320 1

Temperature 69 °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 Wasco Twp 1.00 S N/S Range 14.00 E E/W WM
Sec 2 SW 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number Lot
Lat 0 " or DMS or DD
Long 0 " or DMS or DD
[] Street address of well [] Nearest address

MASON CUTOFF ROAD THE DALLES OR 97058

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 03-26-2012, 92, 212.5

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 03-26-2012, 206, 235, 500, 92, 20

(11) WELL LOG

Table with columns: Material, From, To. Includes entries like TOPSOIL, SAND & GRAVEL & FRAC BASALT, BROWN & GRAY BASALT, MILD FRACTURES, etc.

Date Started 02-07-2012 Completed 03-26-2012

(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.

License Number 1256 Date 04-11-2012
Electronically Filed
Signed KARL F MOORE JR (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.

License Number 731 Date 04-11-2012
Electronically Filed
Signed CHARLES MOORE (E-filed)
Contact Info (optional) M.K DRILLING CO