

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

WELL I.D. # L. 66636
START CARD # 16011

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Russell Buzgama Well Number _____
Name Russell Buzgama
Address PO Box 509
City Tabley State OR Zip 97141

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 105'
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
	10 0	21	21	15	Sacks
	6	21	105		

How was seal placed: Method A B C D E
 Other Paired Bentonite
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: <u>6"</u>	<u>0</u>	<u>98'</u>	<u>28</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>NONE</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 6" 98'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
					<u>NONE</u>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>60'</u>		<u>95</u>	<u>1 hr.</u>

Pump Bailer Air Artesian

Temperature of water 57° 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: _____ T 10776

(9) LOCATION OF WELL by legal description:
County Union Latitude _____ Longitude _____
Township 23 N or S Range 38E E or W. WM.
Section 87 NE 1/4 NW 1/4
Tax Lot 200 Block _____ Subdivision _____
Street Address of Well (or nearest address) Hunter Rd 5 miles N of Beath Lake

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 10-6-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
<u>80</u>	<u>100</u>	<u>60'</u>	<u>17</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>4</u>	
<u>Red Brown Clay & Gravel</u>	<u>4</u>	<u>50</u>	
<u>Light Brown Clay</u>	<u>50</u>	<u>80</u>	
<u>Sandy Clay & Gravel</u>	<u>80</u>	<u>100</u>	<u>17</u>
<u>Gray Clay</u>	<u>100</u>	<u>115</u>	<u>17</u>

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Date started 10-6-03 Completed 10-6-03

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed Mark J. [Signature] WWC Number 1737 Date 10-9-03

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed Robert V. [Signature] WWC Number 412 Date 10-9-03

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

WATER RESOURCES DEPT SALEM, OREGON

WELL ID. # L 50218 START CARD # 141844

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

(1) LAND OWNER Name Russel & Patricia Pingaman Address P.O. Box 509 City Imbler State Or Zip 97841

(9) LOCATION OF WELL by legal description: County Union Latitude Longitude Township 2 N 38 W or W. WM. Section 27 NE 1/4 NW 1/4 Tax Lot 200 Lot Block Subdivision Street Address of Well (or nearest address) Hunter Rd.

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(10) STATIC WATER LEVEL: 40 ft. below land surface. Date 12-2-03 Artesian pressure lb. per square inch Date

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other Reverse Rotary

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

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

Table with 4 columns: From, To, Estimated Flow Rate, SWL. Row 1: all sands & Gravels below 40'

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 20 ft. Explosives used [] Yes [X] No Type Amount

Table with 6 columns: HOLE Diameter, From, To, SEAL Material, From, To, Sacks or pounds. Row 1: 28" 0 313' Beatonite Cement 15 45' 8000 #s

(12) WELL LOG: Ground Elevation

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Over bore & pour

Table with 4 columns: Material, From, To, SWL. Rows include Topsoil, Brn Clay, Sand & Gravel, Grn Clay, Sand Gravel etc, Coarse Sand & Gravel, Blue Clay, Coarse Sand clays, Blue Clay, Sand, Gravel, Clay etc.

Backfill placed from 130' ft. to 140' ft. Material Beatonite Gravel placed from 140' ft. to 313' ft. Size of gravel 3"

Table with 8 columns: Diameter, From, To, Gauge Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Drive Shoe used [] Inside [] Outside [X] None Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations Method Johnson [X] Screens Type Material M.S.

Table with 8 columns: From, To, Slot size, Number, Diameter, Telephone size, Casing, Liner. Rows for 141' 152' 035, 180' 200' 035, 219' 299' 035.

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

Table with 4 columns: Pump, Bailer, Air, Flowing Artesian. Yield gal/min, Drawdown, Drill stem at, Time. Row 1: 150, 120', 1 hr.

Temperature of water 59° Depth Artesian Flow Found Doing a good test at later date

Was a water analysis done? [] Yes [] No By whom Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

Date started 11-13-03 Completed 12-2-03

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Signed Justin Cleaver WWC Number 1704 Date 12-2-03

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. Signed WWC Number 1306 Date 12-2-03

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WATER RESOURCES DEPT SALEM, OREGON

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Oregon Water Resources Department
PUMP TEST FORM COVER SHEET

Well Owner:
 Name: Mt Harris Farms/Russ Bryneman **Well Location:**
 Address: PO Box 509 Township: 2 S (N/S) Range: 38 E (E/W)
 County: UNION Section: 27 1/4: NW 1/16: NE 1/64: NE
 City: Imbler State: OR Zip: 97341 Well depth: 313 Date drilled: 12-2-03
 Original owner (from well log): Russell Bryneman Owners well no. (if any): 50718
 POD ID: 61801

Water Right Information:
 Application: 615950 Permit: 615518 Certificate: _____
 Is this well listed on more than one water right? Yes If yes, list additional water rights below:
 Application: 616327 Permit: 615929 Certificate: _____
 Application: 616351 Permit: 615922 Certificate: _____
 Pump Test: 616328 615875

Test Conducted by: Reed Stewart Well Owner? Yes
 Company: Pendleton Grain Graders No
 Address: PO Box 548 Date of Test: 06/07/07
 City: La Grande State: OR Zip: 97350
 Daytime phone: 541-7865114

Method of discharge measurement (see our brochure for acceptable methods): Flowmeter
 Method of water-level measurement (pick one or enter other method used): pressure transducer/
Electric measure tape
 Length of air line (if used): _____

Pump type (pick one or enter other method used): Hollowshaft Turbine
 Was the pump test conducted during normal use of the well? Yes Note: _____

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? Yes Note: NO
 If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: N/A

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: N/A ft Approx. elevation difference: _____ ft

Well elevation is 2726 surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) 34" outlet - SW
Site
 Measuring point distance above land surface 1.5 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>0800</u>	<u>56'</u>	<u>54.5</u>
<u>0820</u>	<u>56'</u>	<u>54.5</u>
<u>0840</u>	<u>56'</u>	<u>54.5</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>9:05</u>	<u>1300</u>	<u>GPM</u>
<u>10:05</u>	<u>1300</u>	<u>GPM</u>
<u>11:05</u>	<u>1300</u>	<u>GPM</u>
<u>12:05</u>	<u>1300</u>	<u>GPM</u>

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Time pump turned on: Date 06/07/07 Time 9:05
 Time pump turned off: Date 06/07/07 Time 1:05
 Total pumping time: 4 hours - 0 minutes **WATER RESOURCES DEPT**
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Note: Well must be idle for at least 16 hours prior to the test.
 Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us> OWRD 2/9/2000

Required Signature: Reed Stewart / RGS

PUMP TEST DATA SHEET

Application: G15950 Permit: G15518 Certificate: _____ Pod Id: 61801

All water-level measurements must either be in feet and inches, or feet and decimal fractions.

Drawdown Data

Recovery Data

Drawdown Data						Recovery Data					
Date	Time	Time Since Pump Started (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments	Date	Time	Time Since Pump Stopped (minutes)	Depth to Water Below Measuring Pt	Depth to Water Below Land Surface	Comments
6-7-07	9:05	0	115	113.5	1200GPM	6/7/07	11:19	9	86	84.5	
	9:07	2	90	83.5	800GPM		11:21	11	85	83.5	
	9:09	4	90	83.5	800GPM		11:23	13	84	82.5	
	9:11	6	142	140.5	1500GPM		11:25	15	81	79.5	
	9:13	8	171	169.5	2100GPM		11:27	17	79	77.5	
	9:15	10	150	148.5	1700GPM		11:29	19	77	76.5	
	9:20	15	132	130.5	1300		11:35	25	76.5	75	
	9:25	20	134	132.5	1300		11:40	30	76.5	75	
	9:30	25	138	136.5	1300		11:50	40	74.5	73	
	9:35	30	142	140.5	1300		2:00	50	73	71.5	
	9:45	40	151	149.5	1300		2:20	70	71	69.5	
	10:00	55	152	150.5	1300		2:40	90	69	67.5	
	10:10	65	155	153.5			3:00	110	67	65.5	
	10:20	75	157	155.5			3:35	155	65	63.5	
	10:30	85	158	156.5	11		4:20	190	63	61.5	
	10:40	95	159	157.5			5:20	250	60.5	59	
	10:50	105	160	158.5			5:30	260	60.5	59	
	11:00	115	162	160.5							
	11:10	125	163	161.5	11						
	11:25	140	165	163.5							
	11:40	155	166	164.5							
	11:55	170	167	165.5	11						
	12:10	185	167	166.5							
	12:25	200	169	167.5							
	12:40	215	170	168.5	11						
	12:55	230	170	168.5							
6/7/07	1:10	245	170	168.5	1300						

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