

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

WELL I.D. # L 75758
 START CARD # 170778

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

(1) LAND OWNER Brad Allen Well Number _____
 Name Brad Allen
 Address 411 821 Rockhunting Rd
 City Thiney State OR Zip 97835

(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 705 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE		Material		SEAL		Sacks or Pounds	
Diameter	From To	From	To	From	To	From	To
10	420	705					

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

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded

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

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

From	To	Slot Size	Number	Diameter	Tele/pip size	Casing	Liner

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

Yield gal/min	Drawdown	Drill stem at	Time
500		690	2 hrs

Temperature of water 49° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Baker
 Tax Lot 3400 Lot _____
 Township 7S N or S Range 39E E or W WM
 Section 25 NE 1/4 NE 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 89 Conroe Rd
Co Rd 713

(10) STATIC WATER LEVEL
106 ft. below land surface STAT Date 2-24-05
106 ft. below land surface Date 2-28-05
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
610	680	400 to 500	106

(12) WELL LOG

Material	From	To	SWL
Fractured Brown Rock	420	430	106
Fractured Green Brown Rock	430	470	106
Green Brown Rock (F)	470	490	106
Grity Fractured	490	530	106
Green Rock Fractured	530	550	106
Fractured Light Green Rock	550	610	106
Green Rock Fractured	610	680	106
Fractured Black Basalt	680	705	106

Date Started 2-24-05 Completed 2-28-05

(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 1737 Date 3-12-05
 Signed Michael J. Johnson

(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 415 Date 3-12-05
 Signed Robert D. Stoff

RECEIVED
 MAR 16 2005