

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 85268

START CARD # 172245

(1) LAND OWNER Owner Well I.D. First Name DAN Last Name EDDLEMAN Company Address 45645 OLD WINGVILLE RD City HAINES State OR Zip 97833-6464

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

(3) DRILL METHOD [ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud [X] 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 488 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 21, 0, 503, Bentonite, 0, 35, 6,400, P

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

[X] Other DRY POUR Backfill placed from 35 ft. to 55 ft. Material 3/4" Bentonite

Filter pack from 55 ft. to 503 ft. Material Pea Gravel Size 3/8"

Explosives used: [ ] Yes Type Amount

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 12, 2, 128, .375, [X]

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

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Wire Wrap Material M.S.

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Screen, Casing, 12, 128, 218, .04

(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)

Temperature 52 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Includes 'RECEIVED' stamps.

(9) LOCATION OF WELL (legal description) County BAKER Twp 8 S N/S Range 39 E E/W WM Sec 10 SW 1/4 of the NW 1/4 Tax Lot 500

45645 OLD WINGVILLE RD

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predeepening Completed Well 06-29-2007 10

WATER BEARING ZONES Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 05-29-2007, 13, 45, 10

(11) WELL LOG Ground Elevation Table with columns: Material, From, To. Row 1: TOP SOIL, 0, 4

Date Started 05-29-2007 Completed 06-29-2007

(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.

License Number 1764 Date 07-25-2007 Password: (if filing electronically) Signed Justin Clous

(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 1505 Date 07-25-2007 Password: (if filing electronically) Signed Contact Info (optional)

