STATE OF OREGON			WELL I	.D. LABEL# L	121358	<b>}</b>
WATER SUPPLY WELL REPORT	ENT 553	<b>346</b>	STA	RT CARD #	213150	)
(as required by ORS 537.765 & OAR 690-205-0210)			ORIGI	NAL LOG #		
(1) LAND OWNER First Name <u>Garley</u> Owner Well I.D. Last Name <u>Fische</u> Company Address <u>10455 NE</u> Pottione. De. City <u>Company</u> State <u>OR</u> Zip 97	330	County Benh	21_ Twp_	ELL (legal des	Range <u>64</u>	
(2) TYPE OF WORK New Well Deepening Alteration (complete 2a & 10) Abandor (2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Casing: 6'' Gauge Stl Plstc Wld	Conversion <u>iment(complete 5a)</u> Thrd	Long Stree	et address of	or or well C Neare	est address	DMS or DD DMS or DD
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Reverse Rotary Other	le Mud	(10) STATIC Existing Wel Completed W	l / Pre-Altera /ell	Date tion <b>6-15-16</b>		SWL(ft)
Industrial/ Commericial Livestock Dewatering Thermal Injection Other	nmunity	WATER BEARIN SWL Date	-	-	Dry Hole?	<b>98'</b> + SWL(ft)
(5) BORE HOLE CONSTRUCTION Depth of Completed Well /20 ft. BORE HOLE SEAL	rd (Attach copy)	6-15-16	98'	109' 1004	gan	52'
Dia From To Material From	To Amt lbs					
		(11) WELL L	OG Material	Ground Elevation	From	
Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material	8 Hyd	Brown C. Brown C.	Hy (St Chay	icty)	1 35 56	35 56 66
Explosives used:         Yes         Type         Amount           (5a)         ABANDONMENT USING UNHYDRATED BEN' Proposed Amount         Pounds         Actual Amount	TONITE Pounds	Grey San	and stor 25tme	Frackure	14y 166 72	72 98 109
(6) CASING/LINER Casing Liner Dia + From To Gauge Still 20 $6''$ $+1''$ $79''$ $230$ $8''4'''$ $0''$ $120''$ $160''$	Plstc Wld Thrd	Greyso	md Ste		VED BY C	<i>V20</i> WRD
				J	JL <b>0 8</b> 2011	<u>3</u>
Shoe Inside Outside Other Location of sho Temp casing Yes Dia From (7) PERFORATIONS/SCREENS			S	ALEM, OR		
(7) <b>FERFORATIONS/SCREENS</b> <u>Elect. Seu</u> ) Perforations Method <u>Elect. Seu</u> ) Screens Type <u>Material</u> Perforations Screen Scrm/slot Slot	# of Tele/	Date Started	6-14-	CompleComple	eted <u>6-13</u>	5-16
creen inco Dia From To width length	slots pipe size	I certify that the abandonment of	work I perfo this well is dards. Mater owledge and	structor Certificat ormed on the consis in compliance rials used and infor belief. Date	truction, deepeni with Oregon wa mation reported	ater supply wel
· · · · ·	owing Artesian ration (hr)	Signed (bonded) Water	Well Constr	uctor Certification		
Temperature <u>5'7°</u> °F Lab analysis Yes By	/ HC.	I accept responsil work performed o performed during	bility for the n this well du g this time i	construction, deep uring the constructi is in compliance eport is true to the b	ening, alteration on dates reported with Oregon wa	above. All wo
Water quality concerns? Yes (describe below) TDS amount		License Number Signed Contact Info (opti	75/ male onal) The	Date	6-15-	16

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95