

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

WELL LABEL # L 107756

START CARD # 1016449

(1) LAND OWNER Owner Well I.D. 5251

First Name Last Name
Company US Bureau of Land Management
Address 1717 Fabry Road SE
City Salem State OR Zip 97306

(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 158 ft.

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

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

[X] Other Poured dry

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, Stil, Plstc, Wld, Thrd. Includes rows for 6" and 5" diameters.

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

Temp casing [X] Yes Dia 10 From 0 To 40

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Wire wrap Material Stainless St.

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/pipe size.

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

Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 54 °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 CLACKAM Twp 2 S N/S Range 7 E E/W WM
Sec 31 SW 1/4 of the NE 1/4 Tax Lot 600
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [] Nearest address
65670 E. Highway 26, Welches, OR 97067

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Includes row for Completed Well on 05-04-2012.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 65

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes rows for 05-01-2012 and 05-03-2012.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Includes rows for Topsoil, Boulders & cobbles & clay, Cemented gravel, Blue grey broken rock, Blue gravel w/black sand.

K Packer at 132

JONES DRILLING CO., INC.

29400 SANTIAM HWY.

LEBANON, OR 97355

541-367-2560 541-451-2686

1-800-915-8388

RECEIVED

MAY 18 2012

WATER RESOURCES DEPT SALEM, OREGON

Date Started 04-30-2012 Completed 05-04-2012

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1411 Date 05-10-2012

Password: (if filing electronically)

Signed

(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 1684 Date 05-10-2012

Password: (if filing electronically)

Signed

Contact Info (optional) jonesdrilling@hotmail.com

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WATER RESOURCES DEPT SALEM, OREGON

CLAC 68719

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

WELL LABEL # L 107756

START CARD # 1016449

(1) LAND OWNER Owner Well I.D. 5251

First Name _____ Last Name _____
 Company US Bureau of Land Management
 Address 1717 Fabry Road SE
 City Salem State OR Zip 97306

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 158 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	40	Cement	1	40	48	S
6	40	158	Bentonite	0	1	.5	S

How was seal placed: Method A B C D E
 Other Poured dry
 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	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	2.5	135.5	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5	<input type="checkbox"/>	132	138		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia 10 From 0 To 40

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type Wire wrap Material Stainless St.

Perf/S	Casing/	Screen	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size
Screen		5	138	158	.04	5

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 150+ Drawdown _____ Drill stem/Pump depth 156 Duration (hr) 2

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CLACKAM Twp 2 S N/S Range 7 E E/W WM
 Sec 31 SW 1/4 of the NE 1/4 Tax Lot 600
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

65670 E. Highway 26, Welches, OR 97067

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>05-04-2012</u>		<u>27</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 65

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>05-01-2012</u>	<u>65</u>	<u>75</u>	<u>20</u>		<u>27</u>
<u>05-03-2012</u>	<u>135</u>	<u>158</u>	<u>150+</u>		<u>27</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Boulders & cobbles & clay	2	12
Cemented gravel	12	35
Blue grey broken rock	35	135
Blue gravel w/black sand	135	158

K Packer at 132

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License Number 1411 Date 05-10-2012
 Password : (if filing electronically) _____
 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.

License Number 1684 Date 05-10-2012
 Password : (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) jonesdrilling@hotmail.com