

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

10-15-2006

WELL LABEL # L 86785

START CARD # 1000099

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

First Name DAVID Last Name CHRISTENSEN
Company _____
Address 64546 ISLAND RD
City DEER ISLAND State OR Zip 97054

(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 215.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 18, 0, 20, Bentonite, 0, 20, 20, S. Row 2: 14, 20, 215.

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

[X] Other poured dry and tam

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, Stl, Plstc, Wld, Thrd. Row 1: [X], [], 14, 2, 80, .250, [X], [], [], [].

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

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Casing/ Screen Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Table with 8 columns: Perf, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 250, _____, 215, _____.

Temperature 59 °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 Crook Twp 20.00 S N/S Range 20.00 E E/W WM

Sec 3 SE 1/4 of the SE 1/4 Tax Lot 800

Tax Map Number _____ Lot _____

Lat _____ ' " or _____ DMS or DD

Long _____ ' " or _____ DMS or DD

[] Street address of well [] Nearest address

VAN LAKE RD NORTH 10 MILES INTERSECTION WITH PRICE TWELVEMILE RD EAST

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 10-12-2006, _____, 41.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 60

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 10-12-2006, 60, 215, 500, _____, 41.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows include: topsoil clay loam (0-1), clay cobbles (1-7), clay brn (7-60), sandstone brn (60-90), sandstone/pumice (90-130), clay brn (130-155), sandstone coarse/talac (155-197), clay,red,hard (197-215).

Date Started 10-11-2006 Completed 10-12-2006

(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 _____ Date _____

Electronically Filed

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 1424 Date 10-15-2006

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)