

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

11-19-2007

WELL LABEL # L 58239

START CARD # 1002640

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

First Name _____ Last Name _____
Company AVION WATER
Address 60813 PARRELL RD
City BEND State OR Zip 97701

(2) TYPE OF WORK [] New Well [X] 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 [] Irrigation [X] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 557.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs

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

[X] Other Did not disturb

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

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

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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

Table with columns: Perf/S, 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

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 60 °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 15.00 S N/S Range 14.00 E E/W WM
Sec 28 SW 1/4 of the NE 1/4 Tax Lot 201
Tax Map Number _____ Lot _____
Lat 440° 14' 12.000" or 440.23666667 DMS or DD
Long -121° 25.000" or -121.00694444 DMS or DD
[] Street address of well [] Nearest address

POWELL BUTTE / BEND HWY

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 480

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To

Date Started 11-15-2007 Completed 11-16-2007

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

License Number 758 Date 11-19-2007

Electronically Filed

Signed THOMAS R PECK (E-filed)

(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 1720 Date 11-19-2007

Electronically Filed

Signed JACK ABBAS (E-filed)

Contact Info (optional)