AMENDED 7-2-2020 **WELL I.D. LABEL# L**| 136758 STATE OF OREGON CROO 54853 START CARD# 1045998 WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) 1/21/2020 ORIGINAL LOG# (1) LAND OWNER Owner Well I.D. First Name GARY Last Name YOUNG (9) LOCATION OF WELL (legal description) Company BLUE MOUNTAIN RANCH County CROOK Twp 16.00 S N/S Range 23.00 E E/W WM Address PO BOX 14 Sec <u>8 NE 1/4 of the NW 1/4 Tax Lot 600</u> State OR Zip 97751 City PAULINA New Well Tax Map Number Deepening (2) TYPE OF WORK Alteration (complete 2a & 10) Abandonment(complete 5a) " or DMS or DD (2a) PRE-ALTERATION Street address of well Gauge Stl Plstc Wld Thrd Nearest address Casing: PAULINA VALLEY RD Material From To Amt sacks/lbs Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD SWL(psi) SWL(ft) X Rotary Air Rotary Mud Cable Auger Existing Well / Pre-Alteration Reverse Rotary Other Completed Well Flowing Artesian? Domestic X Irrigation Dry Hole? (4) PROPOSED USE Livestock Dewatering Industrial/ Commericial Depth water was first found 194.00 WATER BEARING ZONES Thermal Injection Other SWL Date Est Flow SWL(psi) + SWL(ft) From To (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 1/2/2020 Depth of Completed Well 300.00 ft. BORE HOLE **SEAL** sacks/ Dia From Material From To Amt lbs 45 16 0 188 Bentonite Chips 45 12 Calculated 40.68 188 45 (11) WELL LOG Calculated Ground Elevation Method XC How was seal placed: Α From То X Other POURED DRY BENTONI **GRAY CLAY** __ ft. Material_CEMENT _ ft. to ____ Backfill placed from _ STICKY CLAY SAND 11 BROWN STICKY CLAY 16 ___ ft. to ____ ft. Material Filter pack from ____ CALY AND GRAVELS 16 40 Yes Type___ Amount 45 Explosives used: BROWN CLAY 40 92 (5a) ABANDONMENT USING UNHYDRATED BENTONITE 92 SANDSTONE W/BROWN CLAY 145 HARD BROWN SANDSTONE 145 194 Proposed Amount Actual Amount W/B FRACTURED BASALT 194 200 (6) CASING/LINER W/B BROKEN BASALT 200 236 Dia Plstc Casing Liner From To Gauge Wld Thrd W/B FRACTURED BASALT W/ SOME SOFT SPO 300 $|\mathbf{X}|$ Inside Outside Other Location of shoe(s) Temp casing Yes Dia (7) PERFORATIONS/SCREENS Perforations Method Screens Type _ Material Date Started 12/23/2019 Completed 1/2/2020 Perf/ Casing/ Screen Scrn/slot Slot # of (unbonded) Water Well Constructor Certification Screen Liner From length slots pipe size 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 (8) WELL TESTS: Minimum testing time is 1 hour Signed Air Flowing Artesian O Pump (Bailer (bonded) Water Well Constructor Certification Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 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. °F Lab analysis Yes By_ Temperature 58

Yes (describe below) TDS amount 185

Water quality concerns?
From To

License Number 1720

Signed JACK ABBAS (E-filed)
Contact Info (optional) JACK ABBAS

Date 1/21/2020