

Amended

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 96134

START CARD # 1001146

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name JAMES Last Name VERHEYDEN
Company
Address 61848 FALLCREEK LOOP
City BEND State OR Zip 97701

(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 [X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 308 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 14, 0, 99, Cement, 0, 99, 66, S. Row 2: 10, 99, 308.

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

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: 10, 1, 99, 250, [X]. Row 2: 8, 11, 308, .188, [X].

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

Temp casing [ ] Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method Machine \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Perf, Liner, 8, 288, 308, .125, 3, 304.

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

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 183, 7, 278, 4.

Temperature 54 °F Lab analysis [ ] Yes By \_\_\_\_\_

Water quality concerns? [ ] Yes (describe below) [ ] No

Table with columns: From, To, Description, Units. Includes a 'RECEIVED JUN 30 2008' stamp.

(9) LOCATION OF WELL (legal description)

County DESCHUTE Twp 17 S N/S Range 11 E E/W WM
Sec 22 NW 1/4 of the NW 1/4 Tax Lot 4304
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_
Lat 44 ° 6 ' 23.00" or 44.1063889 DMS or DD
Long -121 ° 23 ' 43.00" or -121.3952778 DMS or DD
[ ] Street address of well [X] Nearest address

81670 BULL SPRINGS RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 06-23-2008, \_\_\_\_\_, 246.

WATER BEARING ZONES Depth water was first found 285

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 06-19-2008, 285, 308, 200, \_\_\_\_\_, 246.

(11) WELL LOG

Ground Elevation 3,618

Table with columns: Material, From, To. Rows include Clay Pumice Cobbels, Gravels Clay, Cinders Red, etc.

Date Started 06-17-2008 Completed 06-23-2008

(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 06-26-2008

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 1720 Date 06-26-2008

Password : (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

Contact Info (optional) \_\_\_\_\_