

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

12-14-2009

WELL LABEL # L

START CARD #

[Empty box for Well Label #]

1008228

(1) LAND OWNER Owner Well I.D. First Name FRED Last Name SCHILING Company AGATE WATER COMPANY Address 22165 BEAR CREEK RD. City BEND State OR Zip 97702

(2) TYPE OF WORK [] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [X] 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 0.00 ft. BORE HOLE table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs

How was seal placed: Method [] A [] B [] C [] D [] E [] Other 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 table with columns: green, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) table

Temperature °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 Deschutes Twp 18.00 S N/S Range 11.00 E E/W WM Sec 25 SE 1/4 of the NW 1/4 Tax Lot 12300 Tax Map Number Lot Lat Long [] Street address of well [X] Nearest address 19336 APACHE RD. BEND, OR 97702

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predeepening Completed Well Flowing Artesian? [] Dry Hole? [] WATER BEARING ZONES Depth water was first found table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

Table for Water Bearing Zones with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG Ground Elevation Material From To table with multiple rows for log entries

(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. 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. License Number 1371 Date 12-14-2009 Electronically Filed Signed GALE BROCKETT (E-filed) Contact Info (optional)

(5) BORE HOLE CONSTRUCTION

| BORE HOLE | | | SEAL | | | | sacks/ |
|-----------|------|----|----------|------|----|-----|--------|
| Dia | From | To | Material | From | To | Amt | lbs |
| | | | | | | | |
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| | | | | | | | |

FILTER PACK

| From | To | Material | Size |
|------|----|----------|------|
| | | | |
| | | | |
| | | | |

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|--------------------------|--------------------------|-----|--------------------------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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(7) PERFORATIONS/SCREENS

| Perf/S | Casing/ | Screen | From | To | Scrn/slot | Slot | # of | Tele/ |
|--------|---------|--------|------|----|-----------|--------|-------|-----------|
| creen | Liner | Dia | | | width | length | slots | pipe size |
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(8) WELL TESTS: Minimum testing time is 1 hour

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| | | | |
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Water Quality Concerns

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
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| | | | | |
| | | | | |

(10) STATIC WATER LEVEL

Water Bearing Zones

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|----------|------|----|----------|----------|--------------------------|---------|
| | | | | | <input type="checkbox"/> | |
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(11) WELL LOG

| Material | From | To |
|----------|------|----|
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Comments/Remarks

Started process as alteration with Start Card # 1008128 (cancelled)
 Pulled 200 feet of 6" .188 wall liner from well
 Unable to remove 280 feet of liner
 Well abandoned
 Liner ripped with mills knife from 480 to 200
 7.5 yards of neat cement/ grout placed from bottom up