

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 111743

START CARD # 196696

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Owner Well I.D. First Name David Last Name Reil Company Address PO Box 393 City CHRISTMAS Valley State OR Zip 97611

(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 [] Injection [] Thermal [] Other

(5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy) Depth of Completed Well 600' ft.

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/lbs. Rows include 20" Dia, 0-50' Cement, 18" Dia, 50-99' Cement, 14" Dia, 99-200' Cement, 10" Dia, 200-600' Cement.

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, Steel, Plastic, Welded, Thrd. Row 1: X, 16", 1, 99, 1.250, Y, X.

Shoe [] Inside [] Outside [] Other Location of shoe(s) Temporary casing [] Yes Diameter From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf, Scrn, Casing, Liner, Screen Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size. Row 1 is crossed out.

(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) 2000 600' 1 hr

Temperature 60' °F Lab analysis [] Yes By Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Unit. Includes 'RECEIVED BY OWRD' stamp and dates AUG 01 2014 and OCT 20 2014.

(9) LOCATION OF WELL (legal description) County Deschamps Twp 22 N or S Range 20 E or W W.M. Sec 4 SW 1/4 of the SE 1/4 Tax Lot 900 Tax Map Number Lot Lat Long Street Address of Well (or nearest address) 40105 Hwy 20 Broom OR

(10) STATIC WATER LEVEL Table with columns: Date, SWL (psi), SWL (ft). Row 1: 4-10-14, 147.

WATER BEARING ZONES Depth water was first found Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Rows include 4-10-14, 200-205, 500' and 4-10-14, 300-600, 1500'.

(11) WELL LOG Ground Elevation Table with columns: Material, From, To. Rows include TOP SOIL, Brown Clay, Gray Basalt, Brown Clay, Gray Basalt, Red Lava Rock, Cider, Pink Pumice, Red Lava Rock, Brown Lava Rock, Black Cider.

Date Started 4-1-14 Completed 4-18-14

(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 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 1654 Date 7-29-14 Signed Contact Info. (optional)

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 111743

START CARD # 196696

DRAFT

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Owner Well I.D. _____
First Name DAVID Last Name RETL
Company _____
Address PO Box 393
City CHRISTMAS VALLEY State OR Zip 97611

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 600' ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	50	rent	0	50	96	500
18"	50	99					
14"	99	200					
10"	200	600'					

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

Csng	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	99	.250	Y		X	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Liner	Screen Dia	From	To	Screen/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)
2000		600'	hr

Temperature 60' °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Desch Twp 22 N or S Range 20 E or W W.M.
Sec 4 SW 1/4 of the SE 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 40105 Hwy 20
Brook OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	4-10-14			147

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
4-10-14	200	205	500'			147
4-16-14	300	600	7500'			147

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Brown clay	2	55
Gray Basalt	55	265
Brown clay	65	80
Gray Basalt	80	195
Red Lava Rock	195	250
Cider	250	300
Pink Pumice	300	450
Red Lava Rock	450	565
Brown Lava Rock	565	580
Black Cider	580	600

Date Started 4-1-14 Completed 4-18-14

(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 _____

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 1654 Date 7-29-14

Signed _____

Contact Info. (optional) _____