WATER SUPPLY WELL REPORT	GILL :	5074	7/0F4	ST	ART CAR	D#	1200	1564
(as required by ORS 537.765 & OAR 690-205-0210)			1017	ORIO	GINAL LO	G#		· ·
(1) LAND OWNER First Name Owner Well I.D. Last Name Last Name								150747.
Company Last Name Last Name	n) LOCATIO					2.2 A
Address, Po Box 579	0027		unty (5/11/4)					22 BW WM 1301
City 70555 kaks State WA. Zip 7	Serversion							
(2) TYPE OF WORK New Well Deepening Alteration (complete 2a & 10) Abando	Conversion	Lat	x Map Number t <u>N4</u> ° <u>5</u> &	2 437	" or			
(2a) PRE-ALTERATION		Lo	ng W / ^2 (Street			Nearest a	dduaca.	
Dia + From To Gauge Stl Plstc Wlo	d Thrd	-	2294					•
Material From To Amt sacks/lbs			FOR	VE C	OREZ "	9784	<i>-</i> 3_	
Seal: (3) DRILL METHOD		_ (1	0) STATIC	WATE	R LEVEL			
Rotary Air Rotary Mud Cable Auger Cat	ole Mud	1				Date S	WL(psi)	+ SWL(ft)
Reverse Rotary Other			Existing Well Completed W		5/z	3/17		640
(4) PROPOSED USE Domestic Irrigation Co	mmunity		-	Flow	ing Artesian?		ry Hole?	
Industrial/ Commericial Livestock Dewatering		WA	TER BEARING	G ZONES	Dep	oth water wa	as first foun	id 655
Thermal Injection Other			,	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	ard(Attach			655	660	500		568
Depth of Completed Wellft. BORE HOLE SEAL		sacks/		687 987	997	1000 GM		611
Dia From To Material From	To Amt /	lbs I I	5/4/17		1232	15004	•	640
Cale	ulated 9.74							
23 235 546 Cement 225 5	96 14 Va	(11) WELL LO)G				
How was seal placed: Method A B C	D E	, (1)		1aterial	Ground Ele	evation	From	То
Other			To	D 50			0	63
Backfill placed from ft. to ft. Material		-			BASALT		63	125
Filter pack from ft. to ft. Material			5 Ticky	BRO	in Char		125	175
Explosives used: Yes Type Amount Amount Fig. A. P.A. N. P.O. N. M. F. N. F		_ _	BLACK BI		BASAL	Ţ	175	185
(5a) ABANDONMENT USING UNHYDRATED BEN Proposed Amount Pounds Actual Amount	Pounds		Brown B1	-SALT	/chys?	ore	235	235
(6) CASING/LINER		_	BROWN S.	may	chix		245	289
Casing Liner Dia + From To Gauge St	Plstc Wld	Thrd	BASALT B	W/ C/	BASA	7	260	318
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	3 7 7	HIE	Broken	B454L	W PEA	Groveh	3 (8)	365
0 16 583 97/ 1315			DAR R	Sione F	un ch	LAND CH	365	398 758
8-81-14-18	+8+	HIL	TAN, G-Re	y, GRE	of Ch	4	158	520
Shoe Inside Outside Other Location of sh	noe(s)							
Temp casing Yes Dia From From	То							
(7) PERFORATIONS/SCREENS					,		-	
Perforations Method		D	ate Started	0/6	16	Complete	1 5/2	2/17
Perf/S Casing/ Screen Scrn/slot Slot		ele/	nbonded) Wate	$-\!\!\!/-\!\!\!\!/$				7.7.
creen Liner Dia From To width length	slots pipe	. DIZ.C	,					ening, alteration, or
		ab	andonment of	this well	is in comp	liance with	1 Oregon	water supply well ed above are true to
		the	e best of my kno	wledge a	nd belig RE (CEIVE	BY	NA/DD
		Li	cense Number _	1/14	2	Date		/44UD
(8) WELL TESTS: Minimum testing time is 1 hour		Si	gned	(Alig 1	4 2017	,
	lowing Artesian	n	onded) Water V	Voll Cons	trustor Cort		4 2017	
Yield gal/min Drawdown Drill stem/Pump depth D	uration (hr)	7 I`	*				no alterni	on, or abandonmen
	•	we	ork performed or	n this well	during the co	onstruction	dates report	ion, or abandonmen ted above. All work
Temperature 82 °F Lab analysis X Yes By <i>BFH</i>	D.			ards. This	report is true	to the best	of my know	water supply wel wledge and belief.
	nt 290	Lie	cense Number	194.	2	Date	6/12	117
Water quality concerns? Yes (describe below) TDS amount Description	Amount Unit	S	gned In		H cop	01	·	
			ontact Info (option	onal)	W CO			-
			(0)	/				

STATE OF OREGON

WELL I.D. LABEL# L

GILL 50747

RECEIVED BY OWRD

2 of \$

JUN 2 2 2017

SALEM, OR

WELL LABEL #L L 98153

START CARD # W20056

(9) LOCATION OF WELL (legal description) County _____ N or S Range ____ Sec ______ 1/4 of the _____ 1/4 Tax Lot ___ Tax Map Number Lat ____ DMS or DD __.___" or _______ DMS or DD Street Address of Well (or nearest address) _ (10) STATIC WATER LEVEL Date SWL(psi) SWL (ft) Existing Well/Predeepening Completed Well Flowing Artesian? Yes Dry Hole? Yes WATER BEARING ZONES Depth water was first found SWL Date From Est Flow SWL (psi) + SWL (ft) (11) WELL LOG Ground Elevation Material From Tom clay 500 Sondstone Dasalt Broken Bus neen clay verns ms 647 655 455 687 660 687 747 Black Basalt Red Basalt vesicular Date Started Completed (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. RECEIVED BY OWRD License Number ____ Signed . (bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during ALEM run addates 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 ___ Date Contact Info. (optional)

STAT				L DEDO	DТ				JUN	
				L REPO & OAR 69		10)			SAI	
Instruc	tions fo	or con	npleting	this repor	t are on t	he last p	page of th	nis form.		
(1) LA	ND O	WNI	ER		Own	er Well	I.D			
				La	st Name .					
Address	S				0					
City										
			PRK /recondit	New V		Abando	_] Conver	sion	
(3) DR ☐ Rota ☐ Reve	ry Air		HOD Rotary N		Cable Other					
(4) PR	strial/C		ercial [Domesti Livesto	ck 🔲 🛭			Communi	ty	
` '				TRUCTIO		ial Stand	dard: 🔲	Yes (attac	ch copy)	
Dia	BORE From	1	Æ To	l Mate	erial	SE From	EAL To Amount Sck			
	1101									
				 						
Filter pa	ck from		ft. to	ft. to f	t. Materia	ıl	S	ize		
(6) CAS				ı To	Gauge	Stee	l Plasti	c Welde	d Thrd	
		1								
	-	+	 	-		-	+		+-	
		1								
	-	+	+		 	+		-		
Shoe [Inside		utside [Other L	ocation o	f shoe(s)				
				iameter _						
Perforati		Meth	od	REENS		M-4i-1				
Screens	,	1 ype								
Perf Sc	rn Csng	Linr	Screen Dia	From	То	Scree slot widtl	Slot	1 .	Tele/ pipe size	
								-		
				num testi						
Yield	ump l gal/mii		Bailer Drawdov	□ A wn Dri	ır ll stem/Pu		owing Ar	tesian Duration ((hr)	
empera	ture _		°F Lab a	nalysis [Yes By					

Water quality concerns? Yes (describe below)

Description

Amount

Units

From

From

To

Description

WATER SUPPLY WELL REPORT

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

GILL 50747 BY OWRD

JUN 2 2 2017

STATE OF OREGON

SALEM, OR

WELL LABEL # L_ L98153

START CARD # W 200564 Gill 5074 Instructions for completing this report are on the last page of this form. (1) LAND OWNER Owner Well I.D. (9) LOCATION OF WELL (legal description) ___.Last Name ___ First Name ___ County _____ Twp ____ N or S Range ____ E or W W.M. Company ___ Sec ______ 1/4 of the _____ 1/4 Tax Lot _____ Address Tax Map Number _____ Lot ____ City Lat _____°___'_____" or ________ (2) TYPE OF WORK New Well Deepening Conversion Long _____ or ____ DMS or DD Abandonment Alteration (repair/recondition) Street Address of Well (or nearest address) (3) DRILL METHOD ☐ Rotary Air ☐ Rotary Mud Cable ☐ Auger ☐ Cable Mud Reverse Rotary Other (10) STATIC WATER LEVEL SWL (ft) Date SWL(psi) + (4) PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Commun ☐ Dewatering ☐ Injection ☐ Community Existing Well/Predeepening ☐ Industrial/Commercial Livestock Completed Well Other ☐ Thermal Flowing Artesian? Yes Dry Hole? Yes (5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy) WATER BEARING ZONES Depth water was first found Depth of Completed Well _____ ft. From To Est Flow | SWL (psi) | + SWL (ft) BORE HOLE SEAL Material From To Amount Scks/lbs Dia From To (11) WELL LOG Ground Elevation How was seal placed: Method A B C D E Material From Other _ Black Basalt 815 ___ ft. to ____ ft. Material _ Backfill placed from ___ 815 Red, Black Vesicular 854 __ ft. to ____ ft. Material ____ Filter pack from Brown Green clay trace. 895 Explosives used: Yes Type ___ Amount Black Basalt Black besitular Bas. Black Bosalt H. 905 987 (6) CASING/LINER Csng Linr | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd Vesicular Basalt 1000 EPM Black Fract, Bas 1005 1212 Marcy Basalt 1005 1232 + Basa Hwith Green Hord Black Basalt 1307 soft vester la Basalt 1302 sondstone trace Shoe Inside Outside Other Location of shoe(s) Temporary casing Yes Diameter From To 1320 1325 Hord Basalt (7) PERFORATIONS/SCREENS Date Started Completed_ Perforations Method (unbonded) Water Well Constructor Certification Material Screens Type _ 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 Tele/ Screen/ construction standards. Materials used and information reported above are true to # of Screen slot Slot pipe the best of my knowledge and belief. RECEIVED BY OWRD Perf | Scrn | Csng | Linr | Dia From To width length slots size License Number ____ AUG 1 4 2017 Signed (bonded) Water Well Constructor Certification
I accept responsibility for the construction SALEM, a Rion, or (8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer ☐ Air ☐ Flowing Artesian abandonment work performed on this well during the construction dates reported Yield gal/min | Drawdown | Drill stem/Pump depth Duration (hr) 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 _____ Date ____ Temperature _____ °F Lab analysis Yes By _ Water quality concerns? Yes (describe below) Signed

Units

Contact Info. (optional)

Amount



WELL I.D. LABEL# L	
START CARD #	
ORIGINAL LOG#	

									1					
, ,	RE-ALTE								Water Qu	ality Concer	ns			
Dia	+ Fro	om _ ´	Γο G	auge Stl	Plstc Wl	d Thrd			From	To	Descript	ion	Amoun	t Units
	_					Ш								
	_			$-\downarrow \square$	$Q \vdash$	Ш								
N	Material		From	То	Amt sack	s/lbs								
				http://www.					(10) STAT	TIC WATE	R LEVEL			
(5) B(ORE HOL	E CO	NSTRU	JCTION	1				SWL Date		То	Est Flow	SWL(psi)	+ SWL(ft)
ŀ	BORE HOLI				SEA	L		sacks/		110		2011011	0 Z(ps.)	7
Dia	From	To	M	aterial	Fron	n To	Amt							
19	546	1012	Cos	nent	583	971	12.5	rd.						
				110701		Calculate	d 6.2	Vd .						
15	1012	1325												
	+					Calculate	d	 						
			l L			Calculate	ed e							
						Calculate	ed							
	FILTER I	PACK							(11) WEL	LLOC				
			⁄aterial	Size	:				(II) WEL	L LUG				
										Material			From	То
(6) C	SING/LI	NER												
		L												
Ca	sing Liner	Dia	+ F	rom To	Gauge	Stl Pls	te Wld	Thrd						
7							7 🗆							_
Þ	$\leftarrow \bowtie \vdash$		H			\rightarrow	\forall							_
>	$\prec \prec \vdash$		H			\rightarrow	\triangleleft \vdash	H						
7	5 8					δ								
Č						\circ								_
						Q								
(2Q		\Box			$Q \subseteq$								
(A = A = A		\Box	_		\Rightarrow	$\exists \vdash$							
	2UL					\cup								
(7) PE	RFORAT	ZIONS	SCRE	FNS										
			CKL	LING					1					
	S Casing/ Ser Liner D	reen Dia	F	То	Scrn/slot	Slot	# of slots	Tele/ pipe size						
Creen	Linei L	na	From	То	width	length	51015	pipe size						
														-
					-			-	1					
\vdash		-												
													1	
									Commen	ts/Remarks				
	A													
(8) V	VELL TES	STS: N	Ainimu	ım testir	ng time is	1 hour				REC	EIVED E	N 014	· · · ·	
Yie	ld gal/min	Drawo	down	Drill ste	m/Pump de	pth D	uration (l	hr)		, ILC	-IVED E	OW 1c	KD	
				+							AUG 14	2017		
											•			
											CALES	0.5		
											SALEM,	OR		