

(1) LAND OWNER
 Owner Well I.D. _____
 First Name VIC Last Name Jensen
 Company _____
 Address PO Box 579
 City MOSES LAKE State WA Zip 98937

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stil Plstc Wld Thrd
 Casing: _____
 Material From To Amt sacks/lbs
 Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 1325 ft.
 BORE HOLE SEAL

| Dia | From | To | Material | From | To | Amt | sacks/lbs |
|-----|------|-----|----------|------|-----|-----|-----------|
| 28 | 0 | 235 | Cement | 0 | 235 | 12 | 12 |
| 23 | 235 | 596 | Cement | 225 | 596 | 14 | 14 |

 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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount Pounds Actual Amount Pounds

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stil | Plstc | Wld | Thrd |
|-------------------------------------|--------------------------|-----|---|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 24 | 1 | 2 | 235 | .375 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | | 225 | 596 | .375 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | | 583 | 971 | .375 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

 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 | Scrn/slot | Slot | # of | Tele/ |
|--------|---------|--------|-----------|--------|-------|-----------|
| green | Liner | Dia | width | length | slots | pipe size |
| | | | | | | |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 2500 Drawdown 1320 Drill stem/Pump depth 4 Duration (hr) _____
 Temperature 82 °F Lab analysis Yes By BFHD
 Water quality concerns? Yes (describe below) TDS amount 290

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

(9) LOCATION OF WELL (legal description)
 County GILLIAM Twp 2 S Range 22 W WM
 Sec 22 SE 1/4 of the NE 1/4 Tax Lot 1301
 Tax Map Number _____ Lot _____
 Lat N4 56 437 or _____ DMS or DD
 Long W1 20 0400 or _____ DMS or DD
 Street address of well Nearest address
22945 FAIRVIEW LANE
HOME ORIE 97843

(10) STATIC WATER LEVEL

| Existing Well / Pre-Alteration | Date | SWL(psi) | + SWL(ft) |
|--------------------------------|----------------|----------|------------|
| Completed Well | <u>5/23/17</u> | | <u>640</u> |

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 655

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|----------------|-------------|-------------|----------------|----------|------------|
| <u>3/18/17</u> | <u>655</u> | <u>660</u> | <u>500GPM</u> | | <u>568</u> |
| <u>3/21/17</u> | <u>687</u> | <u>747</u> | <u>200GPM</u> | | <u>570</u> |
| <u>3/29/17</u> | <u>987</u> | <u>997</u> | <u>100GPM</u> | | <u>611</u> |
| <u>5/4/17</u> | <u>1212</u> | <u>1232</u> | <u>1700GPM</u> | | <u>640</u> |

(11) WELL LOG
 Ground Elevation _____

| Material | From | To |
|-------------------------------|------|-----|
| Top Soil | 0 | 63 |
| Brown Sandstone | 63 | 95 |
| Weathered Basalt | 95 | 125 |
| Sticky Brown Clay | 125 | 175 |
| Weathered Basalt | 175 | 185 |
| Black Brown Basalt | 185 | 235 |
| Brown Basalt/chystone | 235 | 245 |
| Brown Sandy clay | 245 | 260 |
| Basalt w/ tan clay | 260 | 289 |
| Hard Black Basalt | 289 | 318 |
| Broken Basalt w/ sandstone | 318 | 365 |
| Brown Sandstone w sticky clay | 365 | 398 |
| DARK Brown clay | 398 | 458 |
| Tan, Grey, Green Clay | 458 | 520 |

Date Started 10/6/16 Completed 5/23/17

(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 _____ Date _____
 Signed _____ AUG 14 2017

(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 1942 Date 6/12/17
 Signed Forest Hoopes
 Contact Info (optional) _____

JUN 22 2017

STATE OF OREGON WATER SUPPLY WELL REPORT

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

SALEM, OR

WELL LABEL # L 98153

START CARD # W200564

Gill 50747

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

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(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 ft.

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/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: Csgn, Linr, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd

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, Csgn, Linr, 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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

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 Twp N or S Range E or W W.M. Sec 1/4 of the 1/4 Tax Lot Tax Map Number Lot Lat Long DMS or DD 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 To Est Flow SWL (psi) + SWL (ft)

(11) WELL LOG Ground Elevation Material From To Shaly Tan clay 520 572 Clay, sandstone Brown 572 580 Black Basalt 580 621 Green clay, sandstone 621 623 Black Basalt 623 634 Red Broken Bas. 634 647 Green clay veins ss. 647 655 Black Basalt 655 660 Red vesicular Basalt H2O 50 Gpm 5. 660 687 Black Basalt 687 747 Red, Black vesic. Bas. Green clay S. H2O 300 gpm 747 774 Red Basalt vesicular 774 785

Date Started Completed

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License Number Date Signed AUG 14 2017

(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 Date Signed Contact Info. (optional)

RECEIVED BY OWRD

SALEM, OR

JUN 22 2017

3 of 4

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

SALEM, OR

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(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 ft.

Table with columns for BORE HOLE (Dia, From, To, Material) and SEAL (From, To, Amount, Scks/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, Steel, Plastic, Welded, Thrd

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

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(10) STATIC WATER LEVEL Table with columns: Existing Well/Predeepening, Completed Well, Date, SWL (psi), SWL (ft)

Flowing Artesian? Yes Dry Hole? Yes WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft)

(11) WELL LOG Ground Elevation Table with columns: Material, From, To

Date Started Completed

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