

(1) LAND OWNER Owner Well I.D. LODGE #2
 First Name _____ Last Name _____
 Company SILVIES VALLEY RANCH
 Address 7610 SE 162ND
 City PORTLAND State OR Zip 97236

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

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrld
 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 315.00 ft.
BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
12	0	18	Bentonite Chips	0	18	18	S
8	18	315					

How was seal placed: Method A B C D E
 Other POURED & TAMPED
 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 _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	130	.250	<input checked="" 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/ Screen	Casing/ Liner	Screen 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)
25		120	1

 Temperature 58 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County GRANT Twp 17.00 S N/S Range 31.00 E E/W WM
 Sec 35 NE 1/4 of the NE 1/4 Tax Lot 500
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
1000 RENDEZVOUS LN HWY 395 N

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	5/7/2014			29.5

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 29.50

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/7/2014	29.5	315	35		<input checked="" type="checkbox"/>	29.5

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL - SILTY LOAM	0	1
CLAY - BROWN	1	6
METAMORPHIC ROCK	6	25
ROCK - SHALE BROWN	25	49
ROCK -GRAY HARDW/IRON PYRITE	49	315

Date Started 5/1/2014 Complete 5/7/2014

(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 1424 Date 6/2/2014
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) Tim Riley 541-573-5695