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WATER RESOURCES DEPT.
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

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

WELL I.D. # L 28433
START CARD # 114684

(1) OWNER: Well Number

Name Eagle-Picher Minerals, Inc
Address 2630 Graham Blvd
City Vale State OR Zip 97918

(2) TYPE OF WORK

[X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD:

[] Rotary Air [] Rotary Mud [X] Cable [] Auger
[] Other

(4) PROPOSED USE:

[] Domestic [] Community [X] Industrial [] Irrigation
[] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [] Yes [X] No Depth of Completed Well 200 ft.
Explosives used [] Yes [X] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
14	0	18	Bentonite	0	18	14 sacks
12	18	80				
10	80	200				

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other poured dry and tamped
Backfill placed from ____ ft. to ____ ft. Material ____
Gravel placed from ____ ft. to ____ ft. Size of gravel ____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10	+1	80	250	X		X	
Liner:								

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:

[X] Perforations Method torch cut
[] Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	65	1/8x6	60	10		X	

(8) WELL TESTS: Minimum testing time is 1 hour

[X] Pump [] Bailer [] Air [] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150	1ft	120	0hr.

Temperature of water 57 Depth Artesian Flow Found ____
Was a water analysis done? no [] Yes By whom ____
Did any strata contain water not suitable for intended use? [] Too little
[] Salty [] Muddy [] Odor [] Colored [] Other ____
Depth of strata: ____

(9) LOCATION OF WELL by legal description:

County Harney Latitude ____ Longitude ____
Township 19S N or S Range 36E E or W. WM.
Section 36 SE 1/4 SW 1/4
Tax Lot 1600 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) Diatomite Rd

(10) STATIC WATER LEVEL:

36 ft. below land surface. Date 2-2-99
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 53

From	To	Estimated Flow Rate	SWL
53	200	300	36

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
topsoil clay loom	0	1	
clay, diatomite hard	1	39	
conglomerate grey	39	53	
shale blue u/b	53	200	36

Date started 1-26-99 Completed 2-2-99

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

WWC Number ____
Signed ____ Date ____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

WWC Number 1424
Signed Timothy K. Riley Date 2-3-99

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER