

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

06-03-2007

WELL LABEL # L 88809

START CARD # 1001037

(1) LAND OWNER Owner Well I.D. _____

First Name LEE Last Name WILSON
Company _____
Address PO BOX 793
City TILLAMOOK State OR Zip 97141

(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
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 227.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 18, 0, 20, Bentonite, 0, 20, 30, S

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other poured dry and tam

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, Stl, Plstc, Wld, Thrd. Row 1: [X], [], 14, 2, 56, .250, [X], [], [], []

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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

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

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 500, _____, 220, _____

Temperature 54 °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 Harney Twp 23.00 S N/S Range 27.00 E E/W WM

Sec 28 NW 1/4 of the NW 1/4 Tax Lot 501

Tax Map Number _____ Lot _____

Lat _____ ' " or _____ DMS or DD

Long _____ ' " or _____ DMS or DD

[] Street address of well [] Nearest address

HWY 20 W-OAKERMAN RD

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 05-25-2007 _____ 72

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 72

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 05-25-2007, 72, 227, 1,500, _____, 72

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows include: topsoil sand loam (0-1), clay brn (1-4), gravel med large (4-14), clay brn (14-36), sandstone red (36-60), sandstone cinders (60-150), basalt vesicular (150-165), rock,basalt,blk,broken/talac (165-185), pumice clay (185-220), rock,broken/talac (220-227)

Date Started 05-14-2007 Completed 05-25-2007

(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 _____

Electronically Filed

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 06-03-2007

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)