

HARN 52007

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

WELL LABEL # L 112488

START CARD # ~~1021810~~ 1021590

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company SUNNYSIDE DAIRY, LLC
 Address 4581 MAPLE GROVE RD.
 City SUNNYSIDE State WA. Zip 98944

(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 360 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	155	CEMENT	0	155	8460	160
13"	155	263	BENTONITE	5%		400	160
10 3/4"	263	360					

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

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>	16"	+	1 1/2	155	.250	✓			✓
<input checked="" type="checkbox"/>	12"	+	2	263	.250	✓			✓

Shoe Inside Outside Other Location of shoe(s) Symmetric 263

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	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

Yield gal/min 500 Drawdown 340 Drill stem/Pump depth 340 Duration (hr) 1

Temperature 63 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 26 N or S Range 30 E or W W.M.

Sec 12 SE 1/4 of the SE 1/4 Tax Lot 4400 3900

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 30042 WEAVER SPRING L BURNS

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>11-18-13</u>		-	<u>121</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 121

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>11-14-13</u>	<u>121</u>	<u>360</u>	<u>500+</u>		-	<u>121</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>BLACK CINDERS</u>	<u>0</u>	<u>130</u>
<u>GREEN SANDY CLAY/CRUMBLY</u>	<u>130</u>	<u>290</u>
<u>VOLCANIC CONGLOMERATE</u>	<u>290</u>	<u>360</u>

RECEIVED BY OWRD

DEC 04 2013

SALEM, OR

Date Started 10-31-13 Completed 11-26-13

(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 1734 Date 11-30-13

Signed [Signature]

(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 1355 Date 11-30-13

Signed [Signature]

Contact Info. (optional) _____