

HARN 52015

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 112493

START CARD # 1021810

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 400 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	25	BENTONITE	0	25	29	Scks
20"	25	305					
16"	305	400					

How was seal placed: Method A B C D E

Other PLURED DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	112	28	.250	✓		✓	
	✓	16"	+	1	305	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Csng	Lintr	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	Drawdown	Orifice/Pump depth	Duration (hr)
900		380	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 36 N S Range 30 E or W W.M.
 Sec 13 NW 1/4 of the NE 1/4 Tax Lot 4400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 30042 WERNER SPRINGS LN. - BURNS

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	1-14-14		-	124

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 142

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
1-14-14	142	400	900+		-	124

(11) WELL LOG

Material	From	To
VOLCANIC SANDSTONE	0	142
GREEN CLAY - FINE BLK SAND	142	300
VOLCANIC CONGLOMERATE	300	318
FRACTURED GREEN CLAYSTONE	318	390
SHATTERED CLAYSTONE - GRAY		
GREEN + BLACK CONGLOMERATE	390	400

RECEIVED BY OWRD

JAN 24 2014

SALEM, OR

Date Started 11-29-13 Completed 1-14-14

(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 1739 Date 1-20-14

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 1-20-14

Signed [Signature]
 Contact Info. (optional) _____