

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

HARN 52064

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WELL LABEL # L ~~119383~~ 114383

START CARD # 1023145

ORIGINAL LOG #

(1) LANDOWNER 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 Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
 Seal Material _____
 Casing Type: Steel Plastic Other _____
 Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
 Depth of Completed Well 600 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	36	CEMENT	0	36	42	Scks
20"	36	510					
12"	510	600					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 0 ft. to 600 ft. Material GRAVEL Size 3/8"

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
 Calculated Amount Proposed to be Used: _____ sacks/lbs
 Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csg	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	1 1/2'	36 1/8'	.250	✓			✓
	✓	16"	+	2'	508'	.250	✓			✓

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method FACTORY
 Screens Type _____ Material _____

Perf	Scr	Csg	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		308	508	48	3"	5700	PIPE

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
700		180	

Temperature 65 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 24 N of S Range 33 E or W W.M.
 Sec 03 SW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) QUINCY RD.
BURNS

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	6-09-14		-	26'

Flowing Artesian? Yes Dry Hole? Yes
 WATER BEARING ZONES Depth water was first found 10

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6-09-14	10	600	700+		-	26'

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY BROWN TOPSOIL	0	2
BROWN CLAY	2	8
TAN CLAY - SAND	8	15
BLACK CLAY	15	47
SAND, GRAVEL - GRAY CLAY	47	80
SOFT FRACT. GRN. GRAY CLAYSTONE	80	430
GRAY CLAYSTONE - SAND, GRAVEL	430	465
GRN. CLAYSTONE - PUMICE STONE LAYERS	465	600

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 JUL 23 2014
 SALEM, OR
 Date Started 5-19-14 Completed 6-11-14

(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 6739 Date 7-09-14
 Signed Charles J. Fry

(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 7-08-14
 Signed Arthur L. Fry
 Contact Info. (optional) _____

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 JUL 11 2014