

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 52132

WELL I.D. LABEL#

60064

START CARD #

1024293

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

12/8/2014

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name MATT Last Name STASHIN
Company _____
Address 21762 SW MT HOME RD
City SHERWOOD State OR Zip 97140

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

| Casing: | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|----------|-----|---|------|----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Material | | | From | To | Amt | sacks/lbs | | | |
| Seal: | | | | | | | | | |

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 440.00 ft.

| BORE HOLE | | | SEAL | | | sacks/lbs | |
|-----------|------|-----|-----------------|------|----|-----------|-----|
| Dia | From | To | Material | From | To | Amt | lbs |
| 20 | 0 | 30 | Bentonite Chips | 0 | 30 | 36 | S |
| 14 | 30 | 300 | | | | | |
| 10.75 | 300 | 440 | | | | | |

How was seal placed: Method A B C D E

Other POURED

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

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

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|--------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12 | <input checked="" type="checkbox"/> | 1.5 | 300 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | <input type="checkbox"/> | 240 | 340 | .250 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | <input type="checkbox"/> | 300 | 400 | .250 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Torch Cut

Screens Type _____ Material _____

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrnm/slot width | Slot length | # of slots | Tele/ pipe size |
|--------------|---------------|------------|------|-----|------------------|-------------|------------|-----------------|
| Perf | Liner | 10 | 240 | 340 | .125 | 4 | 4800 | |
| Perf | Liner | 8 | 300 | 400 | .125 | 4 | 2400 | |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 300 | 130 | 168 | 4 |

Temperature 60 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount _____

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 33.00 E E/W WM

Sec 30.31 NW 1/4 of the NW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

ONE MILE NORTH OF HWY. 78 ON SOUTH NEWTON RD

(10) STATIC WATER LEVEL

| | Date | SWL(psi) | + SWL(ft) |
|--------------------------------|-----------|----------|-----------|
| Existing Well / Pre-Alteration | | | |
| Completed Well | 9/25/2014 | | 38 |

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 151.00

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|-----------|------|-----|----------|----------|-----------|
| 9/11/2014 | 151 | 440 | 400 | | 38 |

(11) WELL LOG

Ground Elevation _____

| Material | From | To |
|----------------------------------|------|-----|
| Sandy Topsoil | 0 | 4 |
| Sandy Gray Clay | 4 | 14 |
| Brown Claystone | 14 | 78 |
| Fine Sand/Clay | 78 | 89 |
| Fractured Gray Claystone | 89 | 142 |
| Sandy Gray Clay | 142 | 151 |
| Clay stone / Fractured | 151 | 243 |
| Sandy Gray Clay | 243 | 272 |
| Fractured Gray Claystone | 272 | 357 |
| Coarse Sand and Gravel/Claystone | 357 | 374 |
| Fractured Gray Claystone | 374 | 440 |

RECEIVED BY OWRD

FEB 09 2015

SALEM, OR

Date Started 9/10/2014

Completed 9/22/2014

(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 _____

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 1801 Date 12/8/2014

Signed JARRETT S HUMPHREY (E-filed)

Contact Info (optional) Jarrett Humphrey #1801