

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 61567

START CARD # W162562

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

(1) LAND OWNER Well Number 1
Name DAVID A PAASCH
Address 2700 PAASCH DRIVE
City HOOD RIVER State OR Zip 97031

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

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

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 225 ft.
Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | Sacks or Pounds |
|-----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 12" | 0 | 30 | BE | 0 | 30 | 38 SACKS |
| 8" | 30 | 225 | | | | |

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 8" | 0 | 160 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|------|
| 120 | 100 | 165 | 1 |

Temperature of water 68 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County HOOD RIVER
Tax Lot 400 Lot _____
Township 2 N Range 10 E WM
Section 12 NE 1/4 SE 1/4

Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 2700 PAASCH DRIVE
HOOD RIVER OR 97031

(10) STATIC WATER LEVEL
10 ft. below land surface. Date 4-25-05
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 90

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 95 | 155 | 50 | 10 |
| 155 | 220 | 30 | 10 |
| 220 | 280 | 40 | 10 |

(12) WELL LOG Ground Elevation _____

| Material | From | To | SWL |
|-------------------------|------|-----|-----|
| TOPSOIL | 0 | 2 | |
| BROWN SAND | 2 | 31 | 10 |
| GRAY SAND | 31 | 42 | 10 |
| SAND & CINDERS | 42 | 90 | 10 |
| CINDERS & GRAVEL, W/B | 90 | 155 | 10 |
| CINDERS & BROWN BASALT, | 155 | 220 | 10 |
| WATERBEARING | 155 | 220 | 10 |
| CINDERS & BROWN BASALT, | 220 | 280 | 10 |
| CAVING, WATERBEARING | 220 | 280 | 10 |

Date Started 04-19-05 Completed 4-25-05

(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.

WVC Number 1256 Date 5-06-05

Signed Paul Moore **RECEIVED**
MAY 26 2005

(bonded) Water Well Constructor Certification **WATER RESOURCES DEPT SAPEM, OREGON**
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.

WVC Number 731 Date 5-06-05

Signed Charles J Moore