

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

WELL I.D. # L 74076

START CARD # W162547

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

(1) LAND OWNER Well Number 1
Name DUCKWALL-POOLEY FRUIT CO
Address PO BOX 150
City ODELL State OR Zip 97044

(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 _____

Diameter	BORE HOLE		Material	SEAL		Sacks or Pounds
	From	To		From	To	
12"	0	30	BE	0	30	20 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 _____

Casing/Liner	Diameter	From To		Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	8"	0	30	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	6"	0	200	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
150	100	215	1 HR

Temperature of water 43 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 299 Lot 300
Township 2 N Range 10 E WM
Section 26D SE 1/4 SE 1/4

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

Street Address of Well (or nearest address) 3430 DAVIS DR ODELL OR 97044

(10) STATIC WATER LEVEL
10 ft. below land surface. Date 06-01-06

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 132

From	To	Estimated Flow Rate	SWL
132	225	150	10

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOPSOIL	0	1	
SAND, FINE	1	16	10
CLAYSTONE, FRACT BASALT	16	23	10
GRAY BASALT, MED HARD	23	49	10
GRAY BASALT, MILD FRACT	49	92	10
GRAY BASALT, HARD	92	110	10
RED CLAY	110	132	10
BLACK & GRAY CINDERS, SOFT	132	225	10
WATER BEARING	132	225	10

Date Started 05-30-06 Completed 06-01-06

(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.

WWC Number 1256 Date 06-01-06

Signed Gabe Moore

(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.

WWC Number 731 Date 06-01-06

Signed Charles L Moore

RECEIVED
OCT 20 2006
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
JUN 22 2006