

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

04-10-2008

WELL LABEL # L 66338

START CARD # 175015

(1) LAND OWNER Owner Well I.D. _____

First Name David Last Name Evans
Company Equinox Tree & Vine (DBA Green Ridge)
Address PO Box 527
City Odel State OR Zip 97044

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

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 491.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E

[] Other

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

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

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Rows show casing and liner details.

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [X] Yes Dia 18 From 0 To 19

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type Alloy _____ Material S.S. _____

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Rows show screen and casing details.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows show test results.

Temperature 48 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Rows show water quality data.

(9) LOCATION OF WELL (legal description)

County Hood river Twp 1.00 S N/S Range 10.00 E E/W WM
Sec 19 SE 1/4 of the SW 1/4 Tax Lot 2500
Tax Map Number _____ Lot _____
Lat 45° 28' 140" or 45.5055556 DMS or DD
Long -121° 35' 23.000" or -121.5897222 DMS or DD
[] Street address of well [X] Nearest address

9095 Cooperspur Rd Parkdale, OR 97041

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows show Existing Well / Predeepening and Completed Well data.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows show water bearing zones.

(11) WELL LOG

Ground Elevation 2,525

Table with columns: Material, From, To. Rows list well log materials like Top Soil, Tan clay w/ sand, gravel & cobbles, etc.

Date Started 03-11-2008 Completed 04-03-2008

(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 _____
Electronically Filed
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 1293 Date 04-10-2008
Electronically Filed
Signed JIM J HANSEN (E-filed)
Contact Info (optional)