

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

WELL I.D. # L 39860
 START CARD # 121789

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

(1) OWNER: Well Number 39860
 Name Select Onion Co.
 Address 5055 Hwy 201
 City Ontario State OR Zip 97914

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 60 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
<u>12"</u>	<u>0</u>	<u>60</u>	<u>Bentonite</u>	<u>0</u>	<u>18</u>
<u>8"</u>	<u>0</u>	<u>60</u>			<u>21</u>

How was seal placed: Method A B C D E
 Other poured from surface
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 18 ft. to 60 ft. Size of gravel 3/4" minus

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>8"</u>	<u>+2</u>	<u>60</u>	<u>250</u>	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method torch
 Screens Type _____ Material _____

From	To	Slot size, 1/2"	Number	Diameter, 1/2"	Tele/pipe size, 1/2"	Casing	Liner
<u>50</u>	<u>60</u>	<u>6</u>	<u>60</u>	<u>1/8</u>	<u>8</u>	<input checked="" 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
<u>50 gpm</u>	<u>4 ft</u>		<u>3 hrs</u>

Temperature of water 58° 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 by legal description:
 County Malheur Latitude _____ Longitude _____
 Township 17S N or S Range 46E E or W. WM.
 Section 13 SE 1/4 NW 1/4
 Tax Lot 330A Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Stanton Blvd + Community Rd.

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date 8-25-00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 45 ft

From	To	Estimated Flow Rate	SWL
<u>45</u>	<u>60</u>	<u>80 gpm</u>	<u>36 ft</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>top soil</u>	<u>0</u>	<u>4</u>	
<u>hard pan</u>	<u>4</u>	<u>7</u>	
<u>by sandy clay</u>	<u>7</u>	<u>45</u>	
<u>sand + large gravel</u>	<u>45</u>	<u>60</u>	<u>36 ft</u>

RECEIVED

SEP 22 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8-18-00 Completed 8-25-00

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.

Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.

Signed Jon M. Fite WWC Number 1485 Date 9-18-00