

STATE OF OREGON  
 WATER SUPPLY WELL REPORT  
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 83785  
 START CARD # 18788

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name TOM Last Name PHILLIPS  
 Company \_\_\_\_\_  
 Address 190 SW 4TH AVE.  
 City ONTARIO State OR Zip 97918

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Anger  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 255. ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10.	20.	255.					
14.	0	20.	Cement	5.	20.	12	S
			Bentonite	0	5.	6.	S

How was seal placed: Method  A  B  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

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	10.		1.	50.	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8.		15.	255.	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 50.  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
			170.	240.	.125	0	377	

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

<input type="radio"/> Pump	<input checked="" type="radio"/> Bailer	<input type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
45.	0		1.5

Temperature 5g °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)  

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 18. S N/S Range 46. E E/W WM  
 Sec 32 NE 1/4 of the SW 1/4 Tax Lot 6100  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

3657 VAN WAY, VALE, OR 97918

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>08-21-2006</u>		<u>108</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>08-18-2006</u>	<u>215.</u>	<u>250.</u>	<u>100.</u>		<u>108.</u>

(11) WELL LOG

Material	From	To
TOP SOIL	0	2.
SANDY BROWN CLAY	2.	27.
BROWN MEDIUM GRAVEL	27.	43.
SANDY BROWN CLAY	43.	45.
HARD BROWN CLAY	45.	108.
BROWN SANDSTONE	108.	142.
SANDY BROWN CLAY WITH GRAVEL	142.	170.
BROWN SANDSTONE	170.	174.
BROWN CLAY	174.	214.
SANDY BLUE CLAY	214.	240.
BLACK SANDSTONE	240.	250.
BLUE CLAY	250.	255.

Date Started 07-21-2006 Completed 08-21-2006

(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 \_\_\_\_\_  
 Password : (if filing electronically) \_\_\_\_\_  
 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 1414 Date 08-31-2006  
 Password : (if filing electronically) \_\_\_\_\_  
 Signed Mary Page  
 Contact Info (optional) \_\_\_\_\_

RECEIVED

SEP 07 2006