

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

WELL I.D. # L 91014

START CARD # 1000 743

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

(1) LAND OWNER Well Number _____
Name MAYNARD ALVES
Address 16301 NORTHWEST O'NEILL HWY
City REDMOND State OR Zip 97756

(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 450 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
<u>20</u>	<u>0</u>	<u>176</u>	<u>CEMENT</u>	<u>0</u>	<u>176</u>	<u>15,000</u>
<u>14</u>	<u>176</u>	<u>350</u>				
<u>10</u>	<u>350</u>	<u>450</u>				

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:	Diameter	From	To	Gauge	Steel				Plastic				Welded Threaded						
					Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded			
	<u>14</u>	<u>+2</u>	<u>176</u>	<u>1/4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 176

(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
<u>1550</u>	<u>0</u>	<u>260</u>	<u>6 HR</u>

Temperature of water 62 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 2-60

(9) LOCATION OF WELL (legal description)
County MALHEUR
Tax Lot 2600 Lot _____
Township 18S N or S Range 41E E or W WM
Section 25 SW 1/4 SW 1/4

Lat 43° 58' 39" or _____ (degrees or decimal)
Long 117° 38' 39" or _____ (degrees or decimal)

Street Address of Well (or nearest address) 500 YD EAST OF STAGE + DAHLE RD

(10) STATIC WATER LEVEL
168 ft. below land surface. Date 10-20-07
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 2

From	To	Estimated Flow Rate	SWL
<u>2</u>	<u>60</u>	<u>300</u>	<u>2</u>
<u>220</u>	<u>440</u>	<u>3000+</u>	<u>168</u>

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
<u>gravel</u>	<u>0</u>	<u>60</u>	<u>2</u>
<u>Clay Ark Beam</u>	<u>60</u>	<u>83</u>	
<u>Clay green w/carse</u>	<u>83</u>	<u>152</u>	
<u>SAND MIX</u>			
<u>ASCONIA</u>	<u>152</u>	<u>166</u>	
<u>BASALT</u>	<u>166</u>	<u>220</u>	
<u>FRACTURED BASALT</u>	<u>220</u>	<u>440</u>	<u>168</u>
<u>BASALT</u>	<u>440</u>	<u>450</u>	

Date Started 3-20-07 Completed 10-20-07

(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 _____ Date _____

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.

WWC Number 1867 Date 11-1-07

Signed Alan Whittemore

RECEIVED

NOV 05 2007