

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

WELL LABEL # L 100202

START CARD # 1006499

(1) LAND OWNER Owner Well I.D.

First Name Last Name
Company STATE OF OREGON MILITARY DEPARTMENT
Address 1330 SOUTH WEST 4TH ST
City ONTARIO State OR Zip 97914

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

(3) DRILL METHOD

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

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

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

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

Depth of Completed Well 31 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 20, 0, 31, Bentonite, 0, 10, 5,000, P

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

[X] Other DRY POUR

Backfill placed from ft. to ft. Material

Filter pack from 10 ft. to 31 ft. Material 3/8 Size pea gravel

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 10, 2, 16, .365, Row 2: 10, 26, 31, .365

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

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type WIRE WRAP Material S.S.

Table with columns: Perf/S, Casing/Screen, Liner, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Screen, Casing, 10, 16, 26, .1, 4

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 70, 11.1, 23, 4

Temperature 58 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 18 S N/S Range 47 E E/W WM
Sec 9 NE 1/4 of the SE 1/4 Tax Lot 500
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [] Nearest address

1330 SOUTH WEST 4TH ST ONTARIO, OR 97914

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), + SWL(ft). Row 1: Completed Well, 05-19-2009, 8.3

Flowing Artesian? [] Dry Hole? [] 8.3

WATER BEARING ZONES Depth water was first found 8.3

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 04-21-2009, 8.3, 25, 70, 8.3

(11) WELL LOG Ground Elevation

Table with columns: Material, From, To. Rows: TOP SOIL (0-7), SAND, GRAVEL (7-25), HARD BLUE CLAY (25-31). Includes RECEIVED stamps and WATER RESOURCES DEPT SALEM, OREGON.

Date Started 04-21-2009 Completed 05-19-2009

(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 1505 Date 06-10-2009

Password : (if filing electronically)

Signed

Contact Info (optional)