

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

WELL LABEL # L 101879

START CARD # 196166

(1) LAND OWNER Owner Well I.D.

First Name Sam Last Name Trenkel
Company
Address 1010 Railroad Ave
City Ontario State Or Zip 97914

(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 603 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, lbs. Row 1: 16, 0, 40, Bentonite, 0, 40, 2,400, P

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

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 42
Temp casing [X] Yes Dia 16 From 0 To 20

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/pipe size

(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)

Temperature 62 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below)
From To Description

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(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 18 S N/S Range 45 E E/W WM
Sec 13 NW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [] Nearest address

On Foothill Dr. .5 miles off Holliday Vale Or

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)
Existing Well / Predeepening
Completed Well 01-30-2011 6

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)
11-09-2010 12 17 50 6
11-17-2010 210 380 45 6
11-17-2010 410 414 8 6
11-17-2010 480 487 8 6
11-17-2010 522 530 8 6

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation

Date Started 11-09-2010 Completed 01-31-2011

(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 682 Date 03-18-2011
Password : (if filing electronically)
Signed
Contact Info (optional)

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MALH 53842

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 Company _____
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 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger 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 603 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	40	Bentonite	0	40	2,400	P
8	40	603					

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"/>	<input type="checkbox"/>	10		1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	10		20	42	.360	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 42
 Temp casing Yes Dia 16 From 0 To 20

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S green	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
70		603	4

Temperature 62 °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 45 E E/W WM
 Sec 13 NW 1/4 of the NE 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 On Foothill Dr. .5 miles off Holliday Vale Or

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	01-30-2011		6

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-09-2010	12	17	50		6
11-17-2010	210	380	45		6
11-17-2010	410	414	8		6
11-17-2010	480	487	8		6
11-17-2010	522	530	8		6

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil, Clay, Sand & Gravel	0	6
Blue Clay	17	210
Blue Clay w/Strips of Blue Sand	210	380
Blue Clay	380	410
Blue Clay w/Strips of Blue Sand	410	414
Blue Clay	414	480
Blue Clay w/Strips of Blue Sand	480	487
Blue Clay	487	522
Blue Clay w/Strips of Blue Sand	522	530
Blue Clay	530	603

Date Started 11-09-2010 Completed 01-31-2011

(unbonded) Water Well Constructor Certification

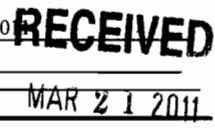
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

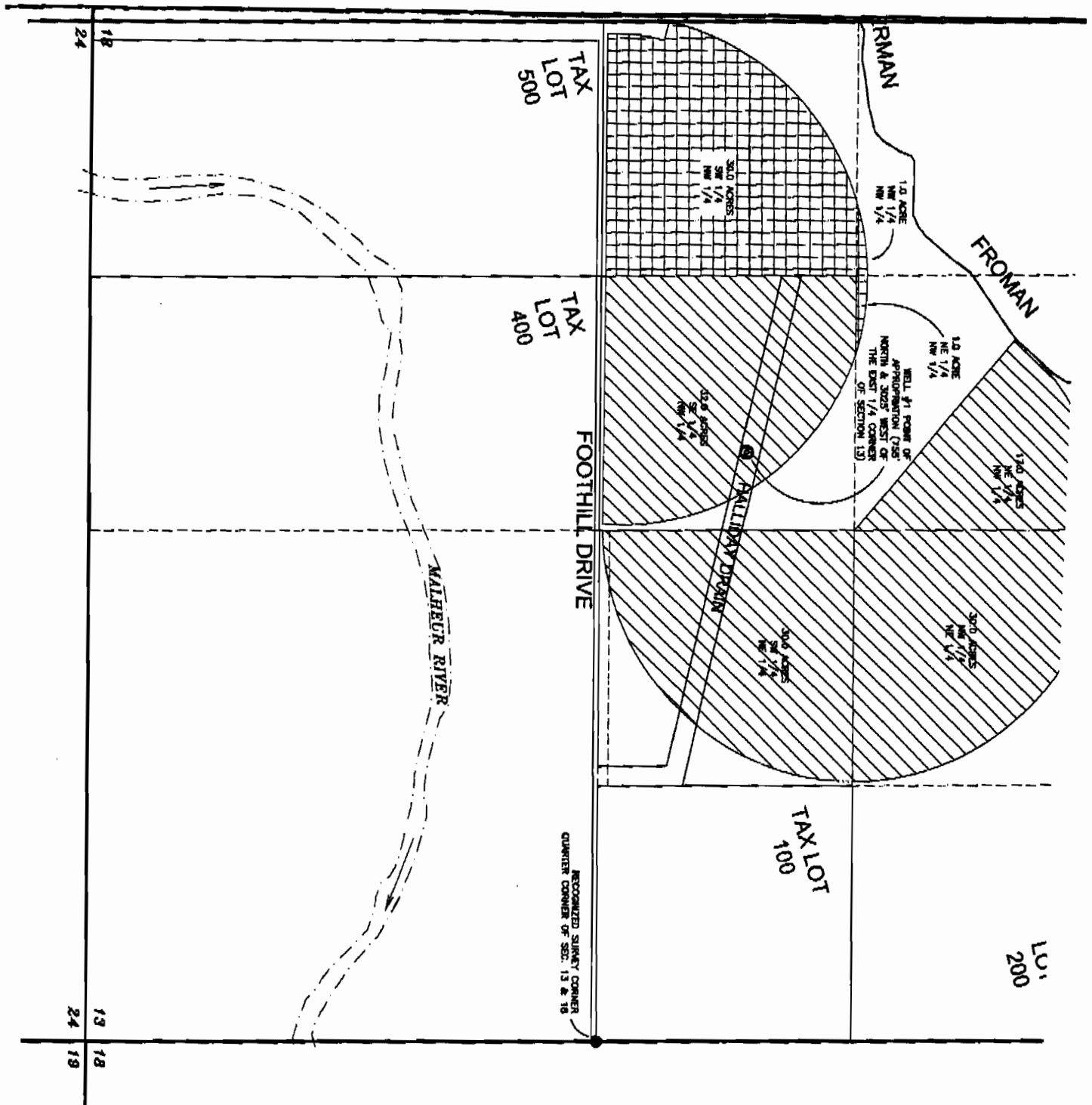
License Number _____ Date _____
 Password : (if filing electronically) _____
 Signed _____

(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 682 Date 03-18-2011
 Password : (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____





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WR-1
 SHEET: 1 OF 2
 JOB: CO-10010

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 Ontario, Oregon 97914
 Phn: (541) 889-5411
 Fax: (541) 889-2074
CIVIL-STRUCTURAL-ELECTRICAL
ENGINEERING, SURVEYING & PLANNING

WATER RIGHT APPLICATION MAP
 T 18S, R 45E,
 SEC. 13, W.M.
 MALHEUR COUNTY, OREGON
SAM TRENKEL
 1010 RAILROAD AVENUE
 ONTARIO, OREGON 97914

#	REVISION	DATE
	AS-BUILT LOCATION	4/18/11
	OF WELL #1	

RECEIVED
 APR 18 2011
 WATER RESOURCES DEPT.
 SALEM, OREGON