MALH 53867

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LAREL #1 10/3/6

WELL LADEL # L	101010	<u> </u>
START CARD#	1013668	

Instructions for completing this report are on the last page of this form.	
(1) LAND OWNER Owner Well I.D. Last Name CONDAN	(9) LOCATION OF WELL (legal description)
Company Address 2785 BULLY CVECK KD	County Malheur Twp 185 Nor S Range 43E E or W W.M.
Address 2/85 DOLLY EVER RD City VALL State CR Zip 97718	Sec 7 NE 1/4 of the Sw 1/4 Tax Lot 400
	Tax Map Number Lot Lat 44°00'58.5" or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long //7° 29' 23. "or DMS or DD
Alteration (repair/recondition)	
(3) DRILL METHOD	Street Address of Well (or nearest address)
Rotary Air Rotary Mud Cable Auger Cable Mud	
Reverse Rotary Other	(10) STATIC WATER LEVEL
(4) PROPOSED USE Domestic Irrigation Community	Date SWL(psi) + SWL (ft)
☐ Industrial/Commercial ☐ Livestock, ☐ Dewatering ☐ Injection	Existing Well/Predeepening
Thermal Other tast	Completed Well 5-3/-// 82
(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)	Flowing Artesian? Yes Dry Hole? Yes WATER BEARING ZONES Depth water was first found
Depth of Completed Well 280 ft.	
•	SWL Date From To Est Flow SWL (psi) + SWL (ft)
BORE HOLE SEAL Dia From To Material From To Amount Seks/lbs	5-3/1/ 120 168 100 82
	5-31-11 230 255 150 82
12 0 40 Bentalle 0 40 32	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E Other Lis Pers	Material From To
Backfill placed from ft. to ft. Material	
Filter pack from ft. to ft. Material Size	Dand Stone C 32
Explosives used: Yes Type Amount	Green Chaptine 32 120
	Way Dr. Bean 168 230
(6) CASING/LINER	green Clay Sand Stuster 230 255
Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd	Clay 9ther 255 280
	RECEIVED RECEIVED
	JUN 1 0 2011 - AUG + 8 7004 -
Shoe Inside Outside Other Location of shoe(s)	WATER RECOVERED REDT
Temporary casing Yes Diameter From To	WATER RESOURCES DEPT WATER RESOURCES DEPT
	SALEM, OREGON SALEM, OREGON
(7) PERFORATIONS/SCREENS	Date Started $S=3/-1/$ Completed $S=3/-1/$
Perforations Method Screens Type	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration, or
Screen Screen Tele/ Slot Slot # of pipe	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to
Perf Scm Csng Linr Dia From To width length slots size	the best of my knowledge and belief.
	License Number Date
	Signed
(8) WELL TESTS: Minimum testing time is 1 hour ☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	(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
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	above. All work performed during this time is in compliance with Oregon water
and all	supply well construction standards. This report is true to the best of my knowledge and belief.
Temperature <u>63</u> °F Lab analysis Yes By	License Number /66/ Date S-31-11
Water quality concerns? Yes (describe below)	Signed Clan Wirelenge
From To Description Amount Units	Contact Info. (optional)
	- Common (optionar)

MALH 53867

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L	101316
	10 17/10

Furthern for completing this consult are on the last ways of this form	START CARD#
Instructions for completing this report are on the last page of this form. (1) LAND OWNER Owner Well 1.D. Last Name Company Address City Attel State New Well Decpening Conversion	(9) LOCATION OF WELL (legal description) County Malkew Twp 185 N or S Range 435 E or W W.M. Sec 7 NE 1/4 of the Sw 1/4 Tax Lot 400 Tax Map Number Lot Lat 44°00'585" or DMS or DD Long 1/7°29'23." or DMS or DD
Alteration (repair/recondition)	Street Address of Well (or nearest address) Same (10) STATIC WATER LEVEL
(4) PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Community ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection ☐ Thermal ☐ Other ☐	Date SWL(psi) + SWL (ft) Existing Well/Predeepening Completed Well 5-3/-// 82 Flowing Artesian? Yes Dry Hole? Yes
(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy) Depth of Completed Well	WATER BEARING ZONES Depth water was first found 120 SWL Date From To Est Flow SWL (psi) + SWL (ft)
How was seal placed: Method A B C D E Other Displaced from ft. to ft. Material	(11) WELL LOG Ground Elevation
Filter pack fromft. toft. MaterialSize Explosives used:	Green Chartene 32 120 Green Charten Dand Study 120 168 Clas Dr. Brain 168 230 Green Clay And Study 230 255 Clay Other 255 280
Shoe Inside Outside Other Location of shoe(s)	JUN 1 0 2011
Temporary casing Yes Diameter From To (7) PERFORATIONS/SCREENS Perforations Method	WATER RESOURCES DEPT SALEM, OREGON Date Started _5=3/-// Completed _5=3/-//
Screens TypeMaterial Perf Scrn Csng Linr Dia From To width length slots size	(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
	Signed
(8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 250 280 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(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 1867 Date 5-31-11 Signed Clan Uttrelergy Contact Info. (optional)