

Malh 53907

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

WELL LABEL # L 186175 85127

START CARD # 1015910

(1) LAND OWNER Owner Well I.D. _____

First Name John Last Name Inman Company _____ Address 2456 Hwy 201 City Nyssa State OR Zip 97913

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

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [X] Domestic [] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 335 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 9, 50, 335, [], [], [], [], []

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

Backfill placed from _____ ft. to _____ ft. Material _____ Filter pack from 68 ft. to 335 ft. Material silica sand Size 10/20

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: [], [], 6, 5, 335, .250, [], [], [], [X]

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____ Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Table with columns: Perf/S creen, Casing/ Liner, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: [], [], 6, 115, 335, .02, [], 15,000

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

Table with columns: Pump [X], Bailer [], Air [], Flowing Artesian [], Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, 108, 168, 1

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

Table with columns: From, To, Description, Amount, Units. Row 1: [], [], [], [], []

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 20 S N/S Range 46 E E/W WM Sec 36 SW 1/4 of the NW 1/4 Tax Lot 900 Tax Map Number _____ Lot _____ Lat _____ or 43.7883 DMS or DD Long _____ or -117.056117 DMS or DD

[X] Street address of well [] Nearest address

2456 Hwy 201, Nyssa OR 97913

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft). Row 1: [], 02-10-2007, [], 11

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 180

Table with columns: SWL, Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 02-24-2012, 180, 335, 100, [], 12

(11) WELL LOG

Table with columns: Material, From, To. Rows: Blue Sand Stone - soft (180-200), Blue Sand Stone - soft (200-240), Blue Sand Stone - soft (240-280), Blue Sand Stone - soft (280-380), Bonner's Ferry Formation, This was a deepening of existing well L85127, Start Card for original well was 188851, Well has both tags welded on

RECEIVED MAY 14 2012

WATER RESOURCES DEPT SALEM, OREGON

Date Started 02-15-2012 Completed 02-24-2012

(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 MAR 01 2012 Password: (if filing electronically) _____ Signed _____ WATER RESOURCES DEPT

(bonded) Water Well Constructor Certification SALEM, OREGON

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 1714 Date 02-27-2012 Password: (if filing electronically) _____ Signed SAUL W. GARDNER Contact Info (optional) _____

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

MALH 53907

WELL LABEL # L 106175
START CARD # 1015910

(1) LAND OWNER Owner Well I.D. _____
First Name John Last Name Inman
Company _____
Address 2456 Hwy 201
City Nyssa State OR Zip 97913

(2) TYPE OF WORK New Well Deepening Conversion
 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 335 ft.

BORE HOLE			SEAL		sacks/ Amt lbs
Dia	From	To	From	To	
9	50	335			

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 68 ft. to 335 ft. Material silica sand Size 10/20
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		5	335	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Factory
Screens Type Slotted Material PVC

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
	Liner	6	115	335	.02		15,000	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100	108	168	1

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 20 S N/S Range 46 E E/W WM
Sec 36 SW 1/4 of the NW 1/4 Tax Lot 900
Tax Map Number _____ Lot _____
Lat _____ " or 43.7883 DMS or DD
Long _____ " or -117.056117 DMS or DD
 Street address of well Nearest address
2456 Hwy 201, Nyssa OR 97913

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening	<u>02-10-2007</u>		<u>11</u>
Completed Well	<u>02-24-2012</u>		<u>12</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>02-24-2012</u>	<u>180</u>	<u>335</u>	<u>100</u>		<u>12</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Blue Sand Stone - soft	180	200
Blue Sand Stone - soft	200	240
Blue Sand Stone - soft	240	280
Blue Sand Stone - soft	280	380
Bonner's Ferry Formation		
This was a deepening of existing well L85127		
Start Card for original well was 188851		
Well has both tags welded on		

Date Started 02-15-2012 Completed 02-24-2012

(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 MAR 01 2012
Password: (if filing electronically) _____
Signed Paul C. [Signature] **WATER RESOURCES DEPT**

(bonded) Water Well Constructor Certification SALEM, OREGON

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 1714 Date 02-27-2012
Password: (if filing electronically) _____
Signed Paul C. [Signature]
Contact Info (optional) _____