

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

WELL LABEL # L 84905

START CARD # 1021634

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

First Name _____ Last Name _____
 Company Ontario Asset Holdings, LLC
 Address 8701 W. Gage Blvd.
 City Kennewick State WA Zip 99336-1034

(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 278 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	80	300	<u>Existing</u>				
6	360	600	Bentonite	360	600	7,200	P

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

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 285 ft. to 77 ft. Material Sand Size 16-30

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	8		<input checked="" type="checkbox"/> 2	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type Wire Wrap Material SS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		8	78	278	.018			8

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400	35.4	152	4

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

From	To	Description	Amount	Units
		RECEIVED BY OWRD		

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 17 S N/S Range 46 E E/W WM
 Sec 13 NE 1/4 of the SE 1/4 Tax Lot 3300
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.08832 DMS or DD
 Long _____ " or -117.0261 DMS or DD
 Street address of well Nearest address

602 Stanton Blvd. Ontario OR 97914

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening	11-07-2013		35
Completed Well	01-09-2014		35

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	<u>refer to Malheur 53047</u>				

(11) WELL LOG

Material	From	To	Ground Elevation
Hard Gray Clay	360	384	
Hard Clay Rock Gray	384	385	
Hard Clay Gray	385	445	
Hard Clay Rock Gray	445	446	
Hard Clay Gray	446	460	
Hard Clay Gray	460	480	
Hard Gray Clay	480	540	
Hard Gray Clay	540	600	

The well was deepened to 600 feet then abandoned back to 285 feet with permission from Salem.
 The well was screened from 78' to 278' and gravel packed.

Date Started 11-07-2013 Completed 01-09-2014

(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 1714 Date 01-23-2014

Password : (if filing electronically) _____

Signed Dave Adamson

Contact Info (optional) _____