

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

APR 18 2014

WELL LABEL # L 111633

START CARD # 209631

SALEM, OR

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

First Name Kim Last Name McCreary
Company Rise and Shine
Address 1626 Ray Ct.
City Fernley State NV Zip 89408

(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 100 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Rows include Bentonite and Cement seal data.

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

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

Filter pack from 50 ft. to 104 ft. Material CSS Size 6/9

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes a diagram of casing connections.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 60

Temp casing [X] Yes Dia 12 From 0 To 28

(7) PERFORATIONS/SCREENS

Perforations Method _____ Screens Type wire wound Material stainless steel

Table with columns: Perf/S, Casing/Screen, Liner, 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 61 °F Lab analysis [] Yes By _____

Table with columns: Water quality concerns?, 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 23 NE 1/4 of the SE 1/4 Tax Lot 1801
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
[] Street address of well [] Nearest address

1272 hwy 20-26 vale Or

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft)

WATER BEARING ZONES Depth water was first found 15

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Includes handwritten 'RECEIVED BY OWRD' and 'MAY 27 2014'.

Date Started 03-05-2014 Completed 03-08-2014

(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.

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.

License Number 682 Date 03-24-2014
Password : (if filing electronically) _____
Signed [Signature]
Contact Info (optional) _____