

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765)

(WELL I.D.)# L 128070 (START CARD) # 216168

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 1 Name Ankeny National Wildlife Refuge Address 2301 Wintel Rd. City Jefferson State OR Zip 97352

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

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

(4) PROPOSED USE: [x] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [x] No Depth of Completed Well ___ ft. Explosives used [] Yes [x] No Type ___ Amount ___

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds

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

Backfill placed from ___ ft. to ___ ft. Material ___ Gravel placed from ___ ft. to ___ ft. Size of gravel ___

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s) ___

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Type, Material, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Pump/Bailer/Air/Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water ___ Depth Artesian Flow Found ___ Was a water analysis done? [] Yes By whom ___ Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other ___ Depth of strata: ___

(9) LOCATION OF WELL by legal description: County Marion Latitude ___ Longitude ___ Township 9 S Range 3 W WM. Section 9 SE 1/4 NW 1/4 Tax Lot 1200 Lot ___ Block ___ Subdivision ___ Street Address of Well (or nearest address) 6/82 Ankeny Hill Rd. SE Jefferson, OR 97352

(10) STATIC WATER LEVEL: 46 ft. below land surface. Date 2/13/2020 Artesian pressure ___ lb. per square inch. Date ___

(11) WATER BEARING ZONES: Depth at which water was first found ___

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground Elevation ___

Table with columns: Material, From, To, SWL. Includes text: 10" casing extension completed to bring casing ~ 1' above concrete slab. Surface seal was not disturbed. RECEIVED FEB 18 2020 OWRD

Date started 2/13/2020 Completed 2/13/2020

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, 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. Nathan Stevens WWC Number 2015 Signed [Signature] Date 2/14/2020

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, 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. Robinson Well Drilling WWC Number 1585 Signed [Signature] Date 2/14/2020