

MORR
50804

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

Amendment

WELL I.D.# L 33985
START CARD # 127535

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

(1) OWNER: Well Number _____
Name Bernard Roman
Address 2315 Rocky Lane
City Eugene State OR Zip 97401

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

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | |
| 15" | 0 | 20 | Holeplug | 0 | 20 | 21 SACKS |
| 10" | 20 | 120 | Grout | 0 | 120 | 250 lbs |
| 8" | 120 | 200 | | | | |

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:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 10" | 0 | 20 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8" | +2 | 120 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) 120

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Casing | Liner |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|----------|---------------|--------------|
| <u>200+</u> | <u>—</u> | <u>190</u> | 1 hr. |

Temperature of water 57° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Morrow Latitude _____ Longitude _____
Township 2 S or 3 Range 26 or W. WM.
Section 9 1/4 5w 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Heppner, Oregon
Out in the country - no address

(10) STATIC WATER LEVEL:
101 ft. below land surface. Date 2-07-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 79'

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|------------|
| <u>79</u> | <u>99</u> | <u>15</u> | <u>99</u> |
| <u>180</u> | <u>195</u> | <u>200+</u> | <u>101</u> |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|------------------------------|------|-----|-----|
| Top Soil | 0 | 3 | |
| Broken Basalt | 3 | 9 | |
| Hard Gray Basalt | 9 | 79 | |
| Porous Yellow & Brown Basalt | 79 | 95 | |
| Soft Black Basalt | 95 | 109 | |
| Hard Gray Basalt | 109 | 180 | |
| Porous Red & Brown Basalt | 180 | 195 | 101 |
| Rocks (water) | | | |
| Hard Black Basalt | 195 | 200 | |

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JUN 15 2001 JAN 25 2001

WATER RESOURCES DEPT. SALEM, OREGON
WATER RESOURCES DEPT. SALEM, OREGON

Date started 02-02-00 Completed 02-07-00

(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.
Signed Z. Roman WWC Number _____ Date _____

(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.
Signed Z. Roman WWC Number 1719 Date 2-10-00

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FEB 20 2007

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

WELL I.D. # L 33985
START CARD # 127535

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

(1) OWNER: Well Number _____
Name Bernard Damon
Address 2315 Rocky Lane
City Eugene State OR Zip 97401

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

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 200 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | |
| 16" | 0 | 20 | Holeplug | 0 | 20 | 21 SACKS |
| 10" | 20 | 120 | Grout | 0 | 120 | 250 lbs |
| 8" | 120 | 200 | | | | |

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:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 10" | 0 | 20 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8" | +2 | 120 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) 120

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Case/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------|----------------|--------------------------|--------------------------|
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|--------------|
| <u>200+</u> | <u>—</u> | <u>190</u> | <u>1 hr.</u> |

Temperature of water 57° 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 Morrow Latitude _____ Longitude _____
Township 25 N or S Range 26 E or W. WM.
Section 9 1/4 SW 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
101 ft. below land surface. Date 2-07-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 79'

| From | To | Estimated Flow Rate | SWL |
|------------|------------|---------------------|------------|
| <u>79</u> | <u>99</u> | <u>15</u> | <u>47</u> |
| <u>180</u> | <u>195</u> | <u>200+</u> | <u>101</u> |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------------------|------|-----|-----|
| Top Soil | 0 | 3 | |
| Broken Basalt | 3 | 9 | |
| Hard Gray Basalt | 9 | 79 | |
| Porous Yellow & Brown Basalt | 79 | 95 | |
| Soft Black Basalt | 95 | 109 | |
| Hard Gray Basalt | 109 | 180 | |
| Porous Red & Brown Rock (water) | 180 | 195 | 101 |
| Hard Black Basalt | 195 | 200 | |

RECEIVED
JAN 25 2001
WATER RESOURCES DEPT
SALEM, OREGON

Date started 02-02-00 Completed 02-07-00

(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.
Signed Z. O. Amor WWC Number _____ Date _____

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Signed Z. O. Amor WWC Number 1719 Date 2-10-00