

RECEIVED

Handwritten notes: Morr, 51114, amended *

STATE OF OREGON

IAN 23 2003

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

Instructions for completing this report are on page 1 of this form.

Morr 51114

WELL I.D. # L 62874

START CARD # 151919

(1) LAND OWNER Well Number _____
 Name Marvin Padberg
 Address 64746 Rhea Rhea Cr. Rd.
 City Jone State Or. Zip 97843

(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 460 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 16" | 0 | 26' | Port Cem | 26 | 0 | 25 |
| 12" | 26 | 460 | | | | |

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: 12" | 12 | 26 | 025 | <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"/> |

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------|-------|
| | | NA | | | | | |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 1200 + | | 460 | 1 hr. |

Temperature of water 60°F 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 Morr Latitude _____ Longitude _____
 Township 1 N or S Range 24 E or W. WM.
 Section 35 SE 1/4 NE 1/4
 Tax Lot 3500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rhea Cr. Rd. + Bergin Road

(10) STATIC WATER LEVEL:
173 ft. below land surface. Date 1-20-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 90 - | 95 | 2 | 31' |
| 210 | 250 | 500 | 173 |
| 430 | 450 | 1000 + | 173 |

(12) WELL LOG:

Ground Elevation _____

| Material | From | To | SWL |
|-----------------------------------|------|-----|-----|
| Soil | 0 | 12 | |
| gravel | 12 | 18 | |
| Black Basalt | 18 | 90 | |
| Black + Brown Basalt | 90 | 95 | 31' |
| Black Basalt | 95 | 110 | |
| Black + Brown Basalt | 110 | 170 | |
| Brown Basalt | 170 | 190 | |
| Black + Brown Basalt | 190 | 200 | |
| Brown Basalt | 200 | 210 | |
| Black + Brown Scoria | 210 | 250 | 173 |
| Brown Scoria | 250 | 260 | |
| Black Basalt | 260 | 355 | |
| Black + Brown Basalt | 355 | 360 | |
| Black Basalt | 360 | 400 | |
| Black + Brown Basalt | 400 | 410 | |
| Black Basalt | 410 | 430 | |
| Brown Basalt w/ yellow clay stone | 430 | 450 | |
| Black Basalt | 450 | 460 | |

Date started 12-30-02 Completed 1-20-03

(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 James H. McCurdy WWC Number 1200 Date 1-20-03

(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 Ferry Burd WWC Number 544 Date 1-20-03

RECEIVED

STATE OF OREGON

IAN 23 2003

WATER SUPPLY WELL REPORT

WELL I.D. # L 62874

START CARD # 151919

(as required by ORS 537.765) WATER RESOURCES DEPT.

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

(1) LAND OWNER Well Number _____
 Name Marvin Padberg
 Address 64246 Rhea Rhea Cr. Rd.
 City Gene State Or. Zip 97843

(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 460 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | SEAL | | Sacks or pounds | |
|----------|----|----------|------|-----------------|----|
| Diameter | To | Material | From | To | |
| 16" | 0 | Port Cem | 26 | 0 | 25 |
| 12" | 26 | | 460 | | |

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: | 12" | +2 | 26 | 0.25 | <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"/> |

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 1000 + | | 460 | 1 hr. |

Temperature of water 60°F 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 1 N or S Range 24 E or W. WM.
 Section 35 SE 1/4 NE 1/4
 Tax Lot 3500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rhea Cr. Rd. + Bergvin Road

(10) STATIC WATER LEVEL:
173 ft. below land surface. Date 1-20-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 90 - | 95 | 2 | 31' |
| 210 | 250 | 500 | 173 |
| 430 | 450 | 1000 + | 173 |

(12) WELL LOG:
 Ground Elevation _____

| Material | From | To | SWL |
|-----------------------------------|------|-----|-----|
| Soil | 0 | 12 | |
| gravel | 12 | 18 | |
| Black Basalt | 18 | 90 | |
| Black & Brown Basalt | 90 | 95 | 31' |
| Black Basalt | 95 | 110 | |
| Black & Brown Basalt | 110 | 170 | |
| Brown Basalt | 170 | 190 | |
| Black & Brown Basalt | 190 | 200 | |
| Brown Basalt | 200 | 210 | |
| Black & Brown Scoria | 210 | 250 | 173 |
| Brown Scoria | 250 | 260 | |
| Black Basalt | 260 | 355 | |
| Black & Brown Basalt | 355 | 360 | |
| Black Basalt | 360 | 400 | |
| Black & Brown Basalt | 400 | 410 | |
| Black Basalt | 410 | 430 | |
| Brown Basalt w/ yellow clay stone | 430 | 450 | |
| Black Basalt | 450 | 460 | |

Date started 12-30-02 Completed 1-20-03

(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 James H. McCurdy WWC Number 1700 Date 1-20-03

(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 _____ WWC Number _____ Date _____