

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

WELL I.D. # L 60951
START CARD # 159783

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

(1) LAND OWNER: Well Number _____
Name JOHN VANDENBRINK
Address P.O. Box 1165
City IONE State OREGON 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 1284 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	18'	BENTONITE	18'	0	35 SACKS
12"	18'	271'	PORT. CEMENT	271'	251'	45 SACKS
10"	271'	1284'				

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"	271'	42'	.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"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 800gpm Drawdown _____ Drill stem at 1284' Time 1 hr.

Temperature of water 75° Depth Artesian Flow Found _____
 Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 MAR 02 2004 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 28 SW 1/4 SE 1/4
Tax Lot 3501 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) DAIRY FARM 1 mile UP NORTH ROAD OF RIVER CR. IONE, OREGON 97843

(10) STATIC WATER LEVEL:
517' ft. below land surface. Date 02-02-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 478'

From	To	Estimated Flow Rate	SWL
617'	635'	150 gpm	517'
1260'	1275'	800 gpm	517'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	8'	
CLAY & GRAVEL	8'	91'	
BROKEN BROWN W/CLAY	91'	119'	
BROWN BASALT	119'	173'	
BLACK BASALT	173'	212'	
BLACK W/TAN CLAY	212'	217'	
BLACK BASALT	217'	228'	
BLACK W/GREEN CLAY	228'	238'	
BLACK BASALT	238'	390'	
BROWN BASALT	390'	495'	471'
BLACK BASALT	495'	617'	
BROKEN BLACK	617'	635'	517'
BLACK BASALT	635'	936'	
SOFT BLACK	936'	948'	
GRAY BASALT	948'	1056'	
SOFT BLACK SCREENS	1056'	1068'	
BLACK BASALT	1068'	1220'	
BLACK W/ GREEN	1220'	1246'	
BLACK BASALT	1246'	1260'	

Date started 10-14-03 Completed 02-02-04

(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 [Signature] WWC Number 1731 Date 2-2-04

(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 [Signature] WWC Number 544 Date 2-2-04

PAGE 2 of 2

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(WELL I.D.#) L 60951

(START CARD) # 159783

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

(1) OWNER: Well Number

Name JOHN VANDENBRINK Address P.O. BOX 165 City JONE State OREGON Zip 97843

(2) TYPE OF WORK

[X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE:

[] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [X] Livestock [] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [] Yes [X] No Depth of Completed Well 1284 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL 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, Material, Casing, Liner

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

Table with columns: Pump, Bailer, Air, Flowing, Yield gal/min, Drawdowns, Drift stem at, Artesian, 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 Latitude Longitude Township N or S Range E or W WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:

ft. below land surface. Date 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

WATER RESOURCES DEPT. Completed

Date started (unbonded) Water Well Constructor Certification:

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Signed [Signature] WWC Number 1731 Date 2-2-04

(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 Larry Burd WWC Number 544 Date 2-2-04