

WELL LABEL # L 87757

START CARD # 1000456

(1) LAND OWNER Owner Well I.D. _____
 First Name ANDY Last Name FLETCHER
 Company _____
 Address 3364 BRAMPTON WAY
 City BOISE State ID Zip 83706

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 470.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	18	Bentonite	0	18	23	S
8	18	470					

How was seal placed: Method A B C D E

Other POURED BENTONITE

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	18	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
 Screen Liner Dia From To width length slots pipe size

Perf/ Screen Liner Dia	Casing From	Screen To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200		370	1
200		270	1
75		170	1

Temperature 64 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Morrow Twp 1.00 S N/S Range 25.00 E E/W WM
 Sec 35 NW 1/4 of the NW 1/4 Tax Lot 4507

Tax Map Number _____ Lot _____

Lat _____ ' " or _____ DMS or DD

Long _____ ' " or _____ DMS or DD

Street address of well Nearest address

57631 HWY 74 - LEXINGTON, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	01-10-2007			107

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 260

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
01-10-2007	260	290	40			107
01-10-2007	320	350	100			107
01-10-2007	380	390	50			107

(11) WELL LOG

Ground Elevation _____

Material	From	To
SOIL	0	12
BLACK BASALT	12	240
BLACK & BROWN BASALT/BLUE CLAYSTONE	240	260
BLACK BASALT W/ BLUE CLAYSTONE	260	290
SOFT BLACK BASALT	290	320
BLACK BASALT W/BLUE CLAYSTONE	320	350
BLACK BASALT	350	380
BROKEN BLACK BASALT	380	390
BLACK BASALT	390	470

Date Started 01-09-2007 Completed 01-10-2007

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1735 Date 01-11-2007

Electronically Filed

Signed CHAD COURTNEY (E-filed)

(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. 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.

License Number 544 Date 01-11-2007

Electronically Filed

Signed LARRY BURD (E-filed)

Contact Info (optional)