

MORR 51515

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

08-22-2007

WELL LABEL # L 90278

START CARD # 1001265

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
Company PORT OF MORROW
Address PO BOX 200
City BOARDMAN State OR Zip 97818

(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 83.00 ft.

| BORE HOLE | | | SEAL | | | | |
|-----------|------|----|----------|------|----|-----|------------|
| Dia | From | To | Material | From | To | Amt | sacks/ lbs |
| 20 | 0 | 83 | Cement | 0 | 18 | 14 | S |
| | | | | | | | |
| | | | | | | | |

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

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 18 ft. to 83 ft. Material Natural Size Various
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|-------------------------------------|-----|---|------|----|-------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 16 | | 2 | 52 | .375 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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

| Perf/Screen | Casing/Liner Dia | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|-------------|------------------|------------|------|----|-----------------|-------------|------------|-----------------|
| Screen | 16 | 52 | 83 | 83 | | | | |
| | | | | | | | | |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 2,000 | | 83 | 1 |
| | | | |

Temperature 65 °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 4.00 N N/S Range 25.00 E E/W WM
Sec 2 SE 1/4 of the NW 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ ° 0 ' _____ " or _____ DMS or DD
Long _____ ° 0 ' _____ " or _____ DMS or DD
 Street address of well Nearest address

2 MARINE DR.
BOARDMAN, OR 97818

(10) STATIC WATER LEVEL

| Existing Well / Predeepening | Date | SWL(psi) | + | SWL(ft) |
|------------------------------|------------|----------|---|---------|
| Completed Well | 07-10-2007 | | | 8 |

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|------------|------|----|----------|----------|---|---------|
| 06-26-2007 | 8 | 83 | 2,000 | | | 8 |
| | | | | | | |

(11) WELL LOG

| Material | From | To |
|-----------------|------|----|
| SAND/RIVER ROCK | 0 | 83 |
| | | |
| | | |
| | | |
| | | |

RECEIVED

DEC 14 2007

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

FEB 13 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 06-18-2007 Completed 07-10-2007

(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 1881 Date 08-22-2007
Electronically Filed
Signed GARRY L ZOLLMAN (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 08-22-2007
Electronically Filed
Signed LARRY BURD (E-filed)
Contact Info (optional) _____

Should be - 250

* CORRECTION * #7

MORR 51515

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Depth of Completed Well 83.00 ft.

| BORE HOLE | | | SEAL | | | sacks/ lbs |
|-----------|------|----|----------|------|----|---------------|
| Dia | From | To | Material | From | To | |
| 20 | 0 | 83 | Cement | 0 | 18 | 14 S |
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How was seal placed: Method A B C D E
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Backfill placed from _____ ft. to _____ ft. Material _____

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

Explosives used: Yes Type _____ Amount _____

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| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
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| <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 SPIRAL WOUND Material SS

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Screen slot width | Slot length | # of slots | Tele/ pipe size |
|--------------|---------------|------------|------|----|-------------------|-------------|------------|-----------------|
| Screen | 16 | 52 | 83 | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 2,000 _____ 83 _____ 1 _____

Temperature 65 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
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 Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well Nearest address

2 MARINE DR.
 BOARDMAN, OR 97818

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|------------------------------|------------|--------------------------|------------------------------------|---------|
| Existing Well / Predeepening | | | <input type="checkbox"/> | |
| Completed Well | 07-10-2007 | | <input type="checkbox"/> | 8 |
| Flowing Artesian? | | <input type="checkbox"/> | Dry Hole? <input type="checkbox"/> | |

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|------------|------|----|----------|----------|--------------------------|---------|
| 06-26-2007 | 8 | 83 | 2,000 | | <input type="checkbox"/> | 8 |
| | | | | | <input type="checkbox"/> | |
| | | | | | <input type="checkbox"/> | |

(11) WELL LOG

Ground Elevation _____

| Material | From | To |
|-----------------|------|----|
| SAND/RIVER ROCK | 0 | 83 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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Should be .250