

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

11-20-2007

WELL LABEL # L ~~90285~~ 94952

START CARD # ~~1002617~~ 1002682

(1) LAND OWNER Owner Well I.D. _____
First Name JEFF Last Name BOSMA
Company SAGE HOLLOW RANCH
Address 3620 INDEPENDANCE RD
City SUNNYSIDE State WA Zip 98944

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 544.00 ft.
BORE HOLE SEAL sacks/
Dia From To Material From To Amt lbs
Cement 405 420 15 S

How was seal placed: Method [] A [] B [X] C [] D [] E
[] Other _____
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
8 [X] 1 419 .25 [X] [] [] []
Shoe [] Inside [] Outside [] Other Location of shoe(s) _____
Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/
green Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
300 _____ 544 1

Temperature 60 °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 3.00 N N/S Range 26.00 E E/W WM
Sec 10 NE 1/4 of the NE 1/4 Tax Lot 1001
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [X] Nearest address

POLELINE RD & HOMESTEAD RD.

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Existing Well / Predeepening _____ [] _____
Completed Well 11-19-2007 _____ [] 360
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation _____
Material From To

Date Started 11-08-2007 Completed 11-19-2007

(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 11-20-2007
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 11-20-2007
Electronically Filed
Signed LARRY BURD (E-filed)
Contact Info (optional)