

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

03-15-2010

WELL LABEL # L 100123

START CARD # 1009587

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

First Name STEVE Last Name PUNTENNEY
Company _____
Address PO BOX 356
City IONE State OR Zip 97843

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] 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 485.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, Sacks/lbs. Row 1: 12, 0, 18, Cement, 0, 158, 40, S

How was seal placed: Method [] A [X] B [] 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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: [X], [], 8, 2, 158, .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

Table with columns: Perf/S, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 800, , 485, 1

Temperature 67 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Morrow Twp 1.00 N N/S Range 23.00 E E/W WM
Sec 27 SE 1/4 of the NW 1/4 Tax Lot 5700

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[X] Street address of well [] Nearest address

66066 HWY 74 IONE, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 03-12-2010, 16, 37

Flowing Artesian? [X] Dry Hole? []

WATER BEARING ZONES Depth water was first found 130

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 03-08-2010, 130, 145, 10, 16, 2

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows include SOIL, BLACK BASALT, BLACK W/GREEN CLAYSTONE, etc.

Date Started 03-08-2010 Completed 03-12-2010

(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 03-15-2010

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 1881 Date 03-15-2010

Electronically Filed

Signed GARRY L ZOLLMAN (E-filed)

Contact Info (optional)

