

SHER 50201

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

WELL ID # L **78908**

(START CARD) # **185209**

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

(1) OWNER: Well Number: _____
 Name **Orchard View Farms Inc.**
 Address **4055 Skyline Rd.**
 City **The Dalles,** State **OR** Zip **97058**

(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 **177** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
12"	0	116	Cement	0	107	38 Sacks	
10"	116	177					

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"	+3	107	.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"/>

Final location of shoe(s) **Drive shoe 107'**

(7) PERFORATIONS/SCREENS:

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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
180	154'		1 hr.

Temperature of Water **54** 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 **Sherman** Latitude _____ Longitude _____
 Township **1N** N or S. Range **17E** E or W. of WM. _____
 Section **9** SW 1/4 **SE** 1/4 _____
 Tax lot **900** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Near Clark Street**

(10) STATIC WATER LEVEL:
97 ft. below land surface. Date **03/18/2007**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **138**

From	To	Estimated Flow Rate	SWL
138	176	180	97

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	8	
Gravel & Clay	8	18	
Rock Fract. Med. Brown	18	45	
Rock Fract. Med. Reddish Brown	45	47	
Basalt Fract. Med. Black W/Brown seams	47	57	
Basalt Hard Gray	57	82	
Rock Fract. Med. Brown	82	97	
Basalt Med. Black	97	138	
Rock Fract. Med. Brown	138		
W/Soapstone		178	97
Claystone Yellow	178	180	

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MAR 30 2007

WATER RESOURCES DEPT
 SALEM, OREGON

Date started **02/20/2007** Completed **03/18/2007**

(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 my best knowledge and belief.

WWC Number _____
 Signed _____ Date _____

(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.

WWC Number **790**
 Signed *Charles Austin* Date **03/28/2007**