

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

Americ

WELL I.D. # L 87903 Jc
START CARD # 1006458

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

(1) LANDOWNER Well Number # 2
Name CITY OF WASCO
Address P.O. Box 26
City Wasco State OR Zip 97065

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

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
8"	0 712	Washed	0 600	9 yds.	

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:	6"	0 600	.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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

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 Bailer Air Flowing Artesian
Yield gal/min 30 Drawdown NONE Drill stem at _____ Time 1 hr.

Temperature of water 66° 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 Shoreman Latitude _____ Longitude _____
Township 1 N or S Range 17 E or W. WM.
Section 4 NE 1/4 SW 1/4
Tax Lot 401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 555 Yates

(10) STATIC WATER LEVEL:
6" ft. below land surface. Date Jc 4-30-09
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
			<u>Jc 6"</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Welded in casing with cement</u>			
<u>Shot Concrete</u>			
<u>Casing w/ Truss Pipe</u>			

RECEIVED

MAR 05 2010

WATER RESOURCES DEPT
SALEM, OREGON

Date started Apr 12, 2009 Completed May 1, 2009

(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 the best of my knowledge and belief.
Signed [Signature] WWC Number 1669 Date May 1, 2009

(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.
Signed [Signature] WWC Number 1669 Date May 1, 2009

SHER 50284

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

Amend

WELL I.D. #1. 87903 JC START CARD # 1026059

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

(1) LAND-OWNER Well Number 112 Name C. J. O'Sullivan Address P.O. Box 26 City Umatilla State OR Zip 97145

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

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

(4) PROPOSED USE: [] Domestic [X] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 112 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, SEAL Material, Sacks or pounds. Row 1: 8" to 7 1/2" Halcad 0 600 9 yds.

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

Backfill placed from 0 ft. to 0 ft. Material Gravel placed from 0 ft. to 0 ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 8" to 7 1/2" 160 150 [X] [] [] [] Liner: [] [] [] [] [] [] [] []

Drive Shoe used [] Inside [] Outside [] None Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes a large handwritten 'X' over the table.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailor [] Air [] Flowing Artesian Yield gain Drawdown Drill stem at Time 30 NONE 1 hr.

Temperature of water 66 Depth Artesian Flow Found Was a water analysis done? [] Yes By whom Did any strata contain water not suitable for intended use? [X] Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata

(9) LOCATION OF WELL by legal description: County Sherman Latitude Longitude Township 1 Nor S Range 17 E Por W. W.M. Section 4 NE 1/4 SW 1/4 Tax Lot 1 Lnt Block Subdivision Street Address of Well (or nearest address) 655 Yates

(10) STATIC WATER LEVEL: 6" ft. below land surface. Date 4-30-09 Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 6"

(12) WELL LOG: Ground Elevation Material From To SWL. Includes handwritten notes: 'Washed in case with bentonite', 'Shoe Caspulate', 'Crag w/ Trunk Pipe'. Large 'RECEIVED MAR 03 2010 WATER RESOURCES DEPT SALEM, OREGON' stamp.

Date started 03/10/2009 Completed 4/1/2009 (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 the best of my knowledge and belief. WWC Number 1669 Signed [Signature] Date 03/03/2009

(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 1669 Signed [Signature] Date 03/03/2009

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

WELL I.D. # L 87903
START CARD # 1006458

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

(1) LAND OWNER Well Number # 2
Name City of Wasco
Address P.O. Box 26
City Wasco State OR Zip 97065

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6"	±.6	600	Neostat	0	600	9 yds.

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:	6"	±.6	600	.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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(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 Artesian
Yield gal/min 30 Drawdown None Drill stem at _____ Time 1 hr.

Temperature of water 66° 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 1 Or S Range 17 Or W. WM.
Section 4 NE 1/4 SW 1/4
Tax Lot 401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 555 Yates

(10) STATIC WATER LEVEL:
1 ft. below land surface. Date May 1, 2009
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Welded in casing with cement Shoe Circulate Casing w/ Tremie Pipe			

RECEIVED
MAY 04 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date started April 20, 2009 Completed May 1, 2009
(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 the best of my knowledge and belief.
Signed Jody L WWC Number 1669 Date May 1, 2009
(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.
Signed Jody L WWC Number 1669 Date May 2009