

A M E N D E D

Umat 53567

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

WELL I.D. # L 18896
START CARD # 118916

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

(1) OWNER: Well Number _____
Name TO WILLIAMS + ASSOC. INC
Address 49654 Umapipe Rd
City Milton Freewater State OR Zip 97862

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

| HOLE | | | SEAL | | | |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 16 | 0 | 316 | | | | |
| 12 | 316 | 550 | | | | |
| 10 | 550 | 660 | | | | |

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 _____

| Casing/Liner | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|--------------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | | | | |
| Casing: | 12" | +2 | 316 | .25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | 8 | 500 | 610 | .25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 500 | 610 | 1"X12" | 80 | 8 | 8 3/8 CD | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
1000 + _____ 490' _____ 1 hr.

Temperature of water 65° F 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 Umatilla altitude _____ Longitude _____
Township 6 N N or S Range 34 E E or W. WM. _____
Section 27 SE 1/4 SE 1/4
Tax Lot 2702 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date 9-10-99
Artesian pressure _____ lb. per square inch. Date _____

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

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 345 | 490 | 1000 + | 60 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|----------------------|------|-----|-----|
| clay | 0 | 10 | |
| cemented gravel | 10 | 120 | |
| brown clay | 120 | 144 | |
| cemented gravel | 144 | 300 | |
| black + brown basalt | 300 | 345 | |
| broken black basalt | 345 | 490 | |
| broken black basalt | 490 | 510 | |
| black basalt | 510 | 540 | |
| broken black basalt | 540 | 560 | |
| black basalt | 560 | 595 | |
| black basalt a/b/c/d | 595 | 610 | |
| black basalt | 610 | 660 | |

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DEC 06 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11-9-98 Completed 9-15-99
(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 1735
Signed CHAD COURTNEY Date 9-15-99

(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 1735
Signed Jerry Burd Date 9-15-99

OCT 12 1999

STATE OF OREGON WATER SUPPLY WELL REPORT

UMAT 53567

WELL I.D. # L 18 896

WATER RESOURCES DEPT. SALEM, OREGON

START CARD # 118916

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

(1) OWNER: Name T.O. Williams + Assoc, Inc. Address 49654 Umapiro Rd City Milton Freewater State OR Zip 97862

Well Number

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [X] Yes [] No Depth of Completed Well 660 ft. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds. Includes entries for 16, 12, and 10 inch diameters with PORT CEM material.

How was seal placed: Method [] A [] B [X] C [] D [] E Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes entries for 12 inch and 8 inch casing.

Final location of shoe(s) 660

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner. Includes entry for 12 inch slot size and 40 diameter.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Artesian. Yield gal/min 1000 + Drawdown Drill stem at 490' Time 1 hr.

(9) LOCATION OF WELL by legal description: County Umatilla Latitude Longitude Township 6 N or S Range 34E E or W. WM. Section 27 SE 1/4 SE 1/4 Tax Lot 2702 Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: 60 ft. below land surface. Date 9-10-99 Artesian pressure lb. per square inch. Date

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

Table with columns: From, To, Estimated Flow Rate, SWL. Includes entry for 345 to 490.

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Includes entries for Clay, cemented gravel, Brown clay, Black + Brown Basalt, Broken Black Basalt, Broken Black, Black, Broken Black, Black Basalt, Black w/ Blue claystone, Black Basalt.

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DEC 03 1999

WATER RESOURCES DEPT. SALEM, OREGON

Date started 9-7-99 Completed 9-15-99

(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. Signed Chad Burt WWC Number 1735 Date 9-15-99

(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. Signed Jerry Burt WWC Number Date 9-15-99