

UMAT 54401 RECEIVED CORRECTION (5)

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

OCT 17 2001

umat 54401

WELL I.D. # 39348 START CARD # 141408

Instructions for completing this report are on SALEM OREGON FORM.

(1) LAND OWNER: Name PAUL ELLIS HEUSER RANCH, Address 68726 SHAW RD., City PORT ROCK, State OREGON, Zip 97138

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 606 ft.

Table with columns: HOLE Diameter, SEAL Material, Sacks or pounds. Includes data for 12", 10", 8" diameters and 21 sacks of sealant.

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

Backfill placed from 0 ft. to 20 ft. Material Port Cement. Gravel placed from 0 ft. to 20 ft. Size of gravel 21 SACKS

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Shows casing from 0 to 20 ft with 250 gauge steel.

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

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes handwritten 'N/A' for slot size and number.

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Yield gal/min, Drawdown, Drift stem at, Time. Shows 100 gpm yield at 400' drawdown.

Temperature of water 51° Depth Artesian Flow Found Was a water analysis done? [] Yes [] No

(9) LOCATION OF WELL by legal description: County Umatilla, Township 2 N, Range 32 E, Section 11, Block SE 1/4, Subdivision 14. Street Address of Well 741 MCKEEB BERT BIRCH CR RD

(10) STATIC WATER LEVEL: 1 ft. below land surface. Date 9-24-01

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Shows zones from 440' to 700' depth.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Lists geological layers from 0' to 800' depth.

Date started 09-07-01 Completed 09-12-01

(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.

(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.

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

OCT 17 2001

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WELL I.D. # L 3934B
 START CARD # 141408

Instructions for completing this report are on SALEM, OREGON form.

(1) LAND OWNER: Well Number
 Name PAUL ELLIS HEUSER RANCH
 Address 68726 SHAW RD.
 City Astor Rock State OREGON Zip 97106

(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 606 ft.
 Explosives used Yes No Type Amount

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	20'				
10"	20	60'	PORT. CEMENT	60'	0	21 SACKS
8"	60'	606'				
8"						

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: 8"	+2'	60'	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100 gpm		600'	1 hr.
100 gpm		500'	
140 gpm		400'	

Temperature of water 51° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for drinking? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Wasco Latitude _____ Longitude _____
 Township 2 N or S Range 32 E or W. WM.
 Section 11 SE 1/4 SE 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 741 MCKER
East BIRCH CR RD

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 9-26-01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
440'	500'	25 gpm	1'
550'	570'	65 gpm	1'
700	730	100+ gpm	1'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SAND	0'	4'	
BROWN CLAY	4'	25'	
BROWN w/ WHITE	25'	56'	
LOAMITE	56'	108'	
GREEN	108'	224'	
BLACK w/ GREEN	224'	260'	
GREEN	260'	440'	
TAN CLAYSTONE	440'	500'	
GREEN	500'	550'	
TAN CLAYSTONE	550'	570'	
GREEN	570'	660'	
BLACK w/ GREEN	660'	700'	
TAN CLAYSTONE	700'	730'	
BLACK w/ GREEN	730'	775'	
GREEN	775'	800'	1'

Date started 09-07-01 Completed 09-12-01

(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 1731
 Date 09-13-01

(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 544
 Date 9-23-01

STATE OF OREGON
 WATER SUPPLY WELL REPORT

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WELL I.D. # L 39348
 START CARD # 141408

(as required by ORS 537.765)
 Instructions for completing this report are on SALEM, OREGON form.

(1) LAND OWNER
 Name PAUL ELLIS HEUSER RANCH Well Number _____
 Address 68726 SHAW RD.
 City PELOT ROCK State OREGON Zip 97868

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20'				
10"	20	60'	PORT. CEMENT	60'	0	21 SACKS
8"	60'	606'				
8"						

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8"	+2'	60'	.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	Material	
						Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100 gpm		600'	1 hr.
100 gpm		500'	
100 gpm		400'	

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 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Umatilla Latitude _____ Longitude _____
 Township 2 N or S Range 32 E or W. WM.
 Section 11 SE 1/4 SE 1/4
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 7 MI MARKER EAST BIRCH CR RD

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 9-24-01
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(11) WATER BEARING ZONES:

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Ground Elevation _____

Material	From	To	SWL
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BROWN CLAY	4'	25'	
BROWN W/ WHITE	25'	56'	
GRANITE	56'	108'	
GREEN	108'	224'	
BLACK W/GREEN	224'	260'	
GREEN	260'	440'	
TAN CLAYSTONE	440'	500'	
GREEN	500'	550'	
TAN CLAYSTONE	550'	570'	
GREEN	570'	660'	
BLACK W/GREEN	660'	700'	
TAN CLAYSTONE	700'	730'	
BLACK W/GREEN	730'	75'	
GREEN	775'	800'	1'

Date started 09-07-01 Completed 09-12-01

(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 1731
 Date 09-13-01

(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 544
 Date 9-23-01