

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL ID. # L 48876
START CARD # 185226

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

(1) LAND OWNER Name Shagen Family Trust Well Number _____
Address 8326 Middle Way
City Vancouver State WA Zip 98664

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

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
		<u>N/A</u>			

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: <u>10"</u>	<u>136</u>	<u>156</u>	<u>2.50</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 Flowing Artesian
Yield gal/min 500 Drawdown _____ Drill stem at _____ Time _____
Temperature of water 60° Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom RECEIVED
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other SEP 22 2006
Depth of strata: _____ WATER RESOURCES DEPT SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 5N N or S Range 28E E or W. WM.
Section 35 SE 1/4 NE 1/4
Tax Lot 102 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N. side of Alpine Dr. Hermiston, OR 97838

(10) STATIC WATER LEVEL: Static before procedure, 126 ft.
126 ft. below land surface. Date 6-16-06
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
<u>Recondition procedure:</u>			
<u>Set plug at 156 ft.</u>			
<u>Cemented hole back from 156 ft. to 136 ft. Set joint of 10" pipe from 136 to 156 ft. Let set until 6-15-06. Went back 6-15-06 and drilled through cement and plug and cleaned well to bottom, depth 500 ft. Brian Mayer, Umatilla Co. Water Resources inspector, was present during both procedures.</u>			

Date started 4-6-06 Completed 6-16-06
(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.
WVC 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.
WVC Number 1218
Signed Patrick Wallace Date 7-1-06