

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

10-15-2006

WELL LABEL # L 83124

START CARD # 184949

(1) LAND OWNER Owner Well I.D. _____

First Name JAN Last Name CALDWELL
Company
Address PO BOX 102
City MEACHAM State OR Zip 97859

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

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [X] Domestic [] Irrigation [] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 245.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs, sacks/

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

[X] Other POURED DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [X] Yes Dia 10 From 0 To 9

(7) PERFORATIONS/SCREENS

Perforations Method SKIL SAW

Screens Type _____ Material _____

Perf/ Casing/ Screen Screen/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

Table with columns: Perf, Liner, Dia, From, To, width, length, slots, pipe size

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 45 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Umatilla Twp 1.00 S N/S Range 35.00 E E/W WM
Sec 3 SW 1/4 of the NE 1/4 Tax Lot 401
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
[] Street address of well [] Nearest address

64364 OLD OREGON TRAIL HWY

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 25

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To

Date Started 10-09-2006 Completed 10-14-2006

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1775 Date 10-15-2006

Electronically Filed

Signed JASON ACQUISTAPACE (E-filed)

Contact Info (optional)