

UMAT 56140

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 82245

START CARD # W194814

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company VONDERAHE, Inc.
 Address 401 PARKVIEW STREET
 City MILTON FREEWATER State ORE Zip 97962

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well: 185 ft.

BORE HOLE			SEAL			Amount	Gals/lbs
Dia	From	To	Material	From	To		
12	0	19	Bentonite	0	19	35	
8	19	185					

How was seal placed: Method A B C D E
 Other Poured
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		8	X	2	99	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) 99
 Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrm	Csng	Lintr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X			8	41	95	1/4	7	216	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
75	7	100	4
100	49	100	4 1/2

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Umatilla Twp 6 or S Range 36 or W W.M.
 Sec 31 NW 1/4 of the NW 1/4 Tax Lot 6900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address)
84387 Grant Road

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>4-21-08</u>			<u>41</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 41

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-18-09</u>	<u>41</u>	<u>100</u>	<u>100gpm</u>			<u>41</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	1
cobbles	1	48
gravel-sand	48	70
gravel-Brown clay	70	110
Brown clay	110	161
gray clay-sand	161	185

RECEIVED

MAY 29 2008

WATER RESOURCES DEPT.

SALEM, OREGON

Date Started 3-31-08 Completed 4-21-08

(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 1869 Date 4-21-08
 Signed Blake Harding

(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 1639 Date 4-25-08
 Signed Mike Harding
 Contact Info. (optional)