

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 59002

START CARD # 1006435

(1) LAND OWNER Owner Well I.D. 3
 First Name _____ Last Name _____
 Company North Slope Management
 Address 83501 Lower Dry Creek Road
 City Milton Freewater State OR Zip 97862

(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
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 1,056 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
28	0	18	Bentonite	0	18	48	S
19	18	640	Cement	18	460	506	S
14.75	640	1,056					

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

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input checked="" type="checkbox"/>	2	18	0.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	2	640	0.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Telc/
creen	Liner	Dia	From	To	width	length	slots	pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3,500	9	502	6

Temperature 52 °F Lab analysis Yes By Owner
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County UMATILLA Twp 5 N N/S Range 35 E E/W WM
 Sec 4 SW 1/4 of the NE 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
83501 Lower Dry Creek Road, Milton Freewater, OR 97862

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	05-28-2009		409

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 280

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Silt and gravel - brownish	0	14
Weathered basalt - brown/black	14	20
Solid basalt - black	20	30
Fractured basalt - black	30	40
Solid basalt - black	40	110
Soft, fractured basalt - black/brown	110	180
Solid basalt - black	180	205
Softer basalt	205	225
Dense, brown and black basalt	225	305
Weathered basalt	305	325
Solid basalt	325	355
Fractured basalt - black	355	500
Highly fractured/weathered basalt	500	530
Solid, dense basalt	530	570
Weathered basalt	570	600
Solid basalt - black	600	697
Softer basalt - black	697	710
Hard basalt - highly fractured - black	710	885
Softer basalt, fractured - dark gray to black	885	930

Date Started 03-22-2009 Completed 06-01-2009

(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 1672 Date 06-02-2009
 Password: (if filing electronically) _____
 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 1523 Date 06-02-2009
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

RECEIVED

JUN 05 2009

