

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

09-20-2010

(Correction) (1)(a)

WELL LABEL # L 100149

START CARD # 1011396

(1) LAND OWNER

Owner Well I.D.

First Name JOHN Last Name OWEN

Company

Address PO BOX E

City PILOT ROCK State OR Zip 97868

(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 [X] Irrigation [] Community

[] Industrial/ Commercial [] Livestock [] Dewatering

[] Thermal [] Injection [] Other

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

Depth of Completed Well 505.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 12, 0, 18, Cement, 0, 360, 73, S

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

[X] Other Haliburton

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. Row 1: 8, 2, 360, .25, [X]

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

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/S, Casing/Screen, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/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). Row 1: 200, 505, 1

Temperature 66 °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 NE Range 31.00 E E/W WM

Sec 7 NE 1/4 of the NW 1/4 Tax Lot 1000

Tax Map Number Lot

Lat " or DMS or DD

Long " or DMS or DD

[X] Street address of well [] Nearest address

69167 OWEN LN PILOT ROCK, OR

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 09-15-2010, 348

WATER BEARING ZONES Depth water was first found 90

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 09-14-2010, 90, 114, 1, 330

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows: Soil (0-13), Brown Basalt (13-62), Black Basalt (62-90), Broken Brown Basalt (90-114), Black Basalt (114-150), Bown Basalt/Brown Claystone (150-225), Brown Basalt (225-290), Black Basalt (290-375), Broken Black Basalt/Brown Basalt (375-400), Broken Brown Basalt w/Tan Claystone (400-505)

RECEIVED

OCT 01 2010

WATER RESOURCES DEPT SALEM, OREGON

Date Started 09-09-2010 Completed 09-15-2010

(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 1735 Date 09-20-2010

Electronically Filed

Signed CHAD COURTNEY (E-filed)

(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 1881 Date 09-20-2010

Electronically Filed

Signed GARRY L ZOLLMAN (E-filed)

Contact Info (optional)

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

09-20-2010

(Correction)
 (1)

WELL LABEL # L 100149

START CARD # 1011396

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

First Name JOHN Last Name OWEN
 Company _____
 Address PO BOX E
 City PILOT ROCK State OR Zip 97868

(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 505.00 ft.

BORE HOLE			SEAL		Amt	sacks/ lbs
Dia	From	To	From	To		
12	0	18	Cement	0	360	73 S
10	18	360				
8	360	505				

How was seal placed: Method A B C D E

Other Haliburton

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"/>	8	<input checked="" type="checkbox"/>	2	360	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input 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	Dia	From	To	Scr/slot	Slot	# of	Tele/
green	Liner	Liner				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)
200		505	1

Temperature 66 °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 1.00 N N/S Range 31.00 E E/W WM
 Sec 7 NE 1/4 of the NW 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

69167 OWEN LN PILOT ROCK, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	09-15-2010			348

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 90

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-14-2010	90	114	1			330
09-15-2010	400	505	200			348

(11) WELL LOG

Ground Elevation _____

Material	From	To
Soil	0	13
Brown Basalt	13	62
Black Basalt	62	90
Broken Brown Basalt	90	114
Black Basalt	114	150
Brown Basalt/Brown Claystone	150	225
Brown Basalt	225	290
Black Basalt	290	375
Broken Black Basalt/Brown Basalt	375	400
Broken Brown Basalt w/Tan Claystone	400	505

RECEIVED

SEP 22 2010

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 09-09-2010 Completed 09-15-2010

(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 1735 Date 09-20-2010

Electronically Filed

Signed CHAD COURTNEY (E-filed)

(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.

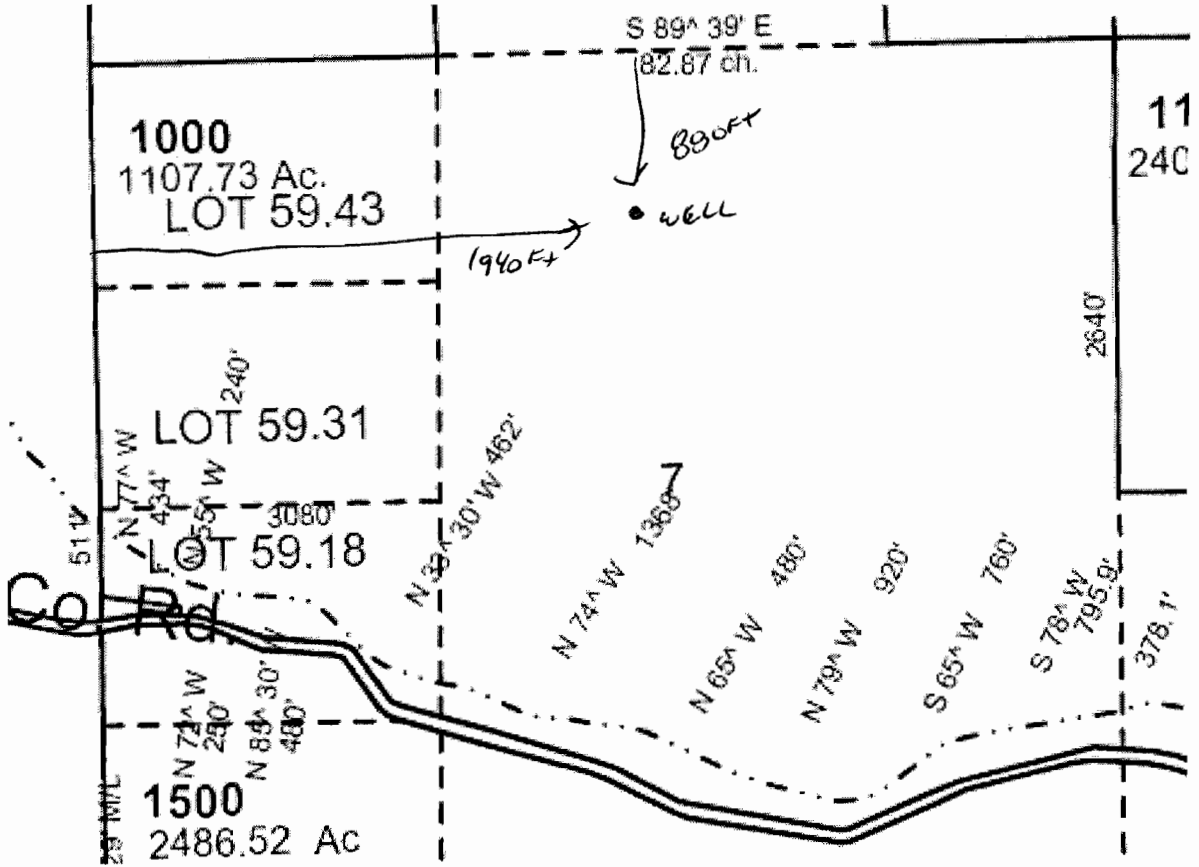
License Number 1881 Date 09-20-2010

Electronically Filed

Signed GARRY L ZOLLMAN (E-filed)

Contact Info (optional)

EXEMPT USE WELL LOCATION MAP



Umatilla County

Assessor Map Reference Number: 1N 31E 7 NENW; Tax Lot; 1000.

Street Address of Well, if Available: 69167 Owen Lane, Pilot Rock, OR.

Well Log #: **UMAT 56676**. Well Label (ID Tag) # **L 100149**. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.) **You may also locate your well using our exempt use well mapping tool on our website at www.wrd.state.or.us/OWRD/exempt_use_788_info.shtml or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.**

MAP NOT TO SCALE

RECEIVED

OCT 01 2010

WATER RESOURCES DEPT
SALEM, OREGON
LAND OWNER SUBMITTED MAP