

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 105726

START CARD # W204698

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

(1) LAND OWNER Owner Well I.D.
First Name Mike Last Name SPIESS
Company _____
Address P.O. Box 196
City Milton Freewater State ORE 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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 565 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	0	22	3/4 Bentonite	0	50	74	56 Scks
10"	22	351	NEPT Cement	50	351	4yds	
6"	351	565					

How was seal placed: Method A B C D E

Other 3/4 Bentonite 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	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		6"	+	2	351	.250	✓		✓	
	✓	5"		336	558	.188	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 351

Temporary casing Yes Diameter 10" From 0 To 60'

(7) PERFORATIONS/SCREENS

Perforations Method TORCH

Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓	4"	538	558	3/8	12"	36	5"

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drift stem/Pump depth	Duration (hr)
<u>30</u>		<u>560'</u>	<u>1</u>

Temperature 52° 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 35 or W W.M.
Sec 25C SW 1/4 of the SW 1/4 Tax Lot 2000
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address)

84322 Hiway 11.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>3/17/11</u>			<u>237</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 40'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
1-20-11	40	80	5			37
3-17-11	558	565	30			237

(11) WELL LOG

Ground Elevation _____

Material	From	To
Gravel + Cobbles	0	21
Gravel + Clay Ben	21	214
Grey Clay Gravel	214	221
Blue Clay	221	247
Blue Clay + Broken Basalt	247	340
Basalt - Med	340	357
Basalt - Grey Clay Seams	357	412
Ben Basalt	412	427
Cemented Gravel	427	487
Ben Claystone	487	503
Grey Clay	503	558
Frac. Black Basalt	558	565

Date Started 1-12-11 Completed 3-17-11

(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 _____

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 1639 Date 3-25-11

Signed Mike Harding

Contact Info. (optional) _____

RECEIVED

MAR 31 2011