STATE OF OREGON WATER SUPPLY WELL REPORT

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

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

WELL LABEL # L	111902
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START CARD#	W#2	00562
į	MAT	57710

1) LAND OWNER Owner Well I.D. Use *5	(9) LOÇATION OF WELL (legal description)
First Name	County UNATILLA. Twp 4 Nor S Range 35 E or W W.N
Address JOZ EASI CURRENT S/	Sec 18 Sw 1/4 of the 5 w 1/4 Tax Lot 2601
City A THENA State OREGON Zip 97813	Tax Map Number Lot Lat " or
(2) TYPE OF WORK New Well Deepening Conversion	Lat DMS or D
Alteration (repair/recondition) Abandonment	
	Street Address of Well (or nearest address) 920 WATER HAW Rd
(3) DRILL METHOD	ATHENA, OREGON. 97813
Rotary Air Rotary Mud Cable Auger Cable Mud	
Reverse Rotary Other	(10) STATIC WATER LEVEL
(4) PROPOSED USE Domestic Irrigation Community	Date SWL(psi) + SWL (ft)
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection	Existing Well/Predeepening Completed Well 9-14-16
☐ Thermal ☐ Other	
(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)	Flowing Artesian? Yes Dry Hole? Yes WATER BEARING ZONES Depth water was first found 130
Depth of Completed Well 1600 ft.	
	SWL Date From To Est Flow SWL (psi) + SWL (ft)
BORE HOLE SEAL Dia From To Material From To Amount Scks/lbs	5-4-16 130 165 25 CAM — 5-4-16 200 230 25 —
24" 0 40 Cement 0 40 4 405.	5-5-16 307 312 25
19" 40 850 Cement O 850 244B	5-6-16 405 438 100 119
15" 850 1600 Coment 800 1265 15 yds.	5-9-16 505 533 5 82
	(11) WELL LOG Ground Elevation
How was seal placed: Method 🍇 A 🙎 B 🔲 C 🔲 D 🔲 E	
Other	Material From To
Backfill placed from 1450 ft. to 1600 ft. Material Rea Gravel	Direct Aw 40-1600
Filter pack from ft. to ft. Material Size	
Explosives used: Yes Type Amount	Brown Soudy day 0 17
(6) CASING/LINER	Biolism Bas. Biorn 17 38 Black Basit 38 98
Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd	Black Bosilt 38 98 Black Bosilt 38 98
16" + 2 850 1375 X X	
12" 800 1265 1375 X X	Black Bas, Every Seams, 104 130
	Green, Blue Clay 130 165
	Bluck Bos. Green Clay 165 200 Broken , Red Black Bas 200 230
	Fractured Black Basait 230 265
Shoe Inside Outside Other Location of shoe(s)	Bluck Bas. 265 307
Temporary casing	Black Bas. Enden Clay 307 407
	Bluck Broken vesicolor, Clay 407 438
(7) PERFORATIONS/SCREENS Perforations Method Programme To the Perforations of the Perforation of the Perfora	Date Started Apr. 11/16. Completed SEPT 14/16,
Perforations V Method V OWNED Screens Type Material Material	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration,
Screen/ Tele/	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to
Perf Scrn Csng Linr Dia From To width length slots size	the best of my knowledge and belief.
SALEM, OF	License Number Date
	Signed
(8) WELL TESTS: Minimum testing time is 1 hour	(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian	abandonment work performed on this well during the construction dates reported
Yield gal/min Drawdown Drill stemsPump, depth Duration (hr)	above. All work performed during this time is in compliance with Oregon water
1000 1420 94 Arr. 18hr 300 659 +1 900 +1 Pump 24 Arr.	supply well construction standards. This report is true to the best of my knowleds and belief.
and if when all the	
Temperature 7.3 °F Lab analysis Yes By	License Number 1942 Date 9(14(16
Vater quality concerns? ☐ Yes (describe below)	
From To Description Amount Units	Signed For Horpes
	Contact Info. (optional)

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L ///90Z	
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	START CARD#
Instructions for completing this report are on the last page of this form.	UMAT 57710
1) LAND OWNER Owner Well I.D First Name Last Name	(9) LOCATION OF WELL (legal description)
Company	County Twp N or S Range E or W W.M.
Address	Sec 1/4 of the 1/4 Tax Lot
	Tax Map Number Lot Lat " or " or " DMS or DD Long " or " or " DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long or DMS or DD
Alteration (repair/recondition) Abandonment	Street Address of Well (or nearest address)
(3) DRILL METHOD	
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud ☐ Reverse Rotary ☐ Other	(40) CIT A THOU WANTED A SAVEY
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL (ft)
4) PROPOSED USE Domestic Irrigation Community	Existing Well/Predeepening
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection ☐ Thermal ☐ Other	Completed Well
	Flowing Artesian? Yes Dry Hole? Yes
(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)	WATER BEARING ZONES Depth water was first found
Depth of Completed Well ft.	SWL Date From To Est Flow SWL (psi) + SWL (ft)
BORE HOLE SEAL	3-18-16 786 625 52 Cam 78
Dia From To Material From To Amount Scks/lbs	5-19-16 657 665 25 115 5-20-16 680 718 25 169
	5-24-16 781 787 25 173
	5-25-16 880 886 25 171
	(11) WELL LOG Ground Elevation
How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E ☐ Other	Material From To
Backfill placed fromft. toft. Material	Hord City Bas. 438 483
Filter pack fromft. toft. MaterialSize	Free fund Cray Bas, 48.3 500 Broken Bas, dignopped vesicular 500 533
Explosives used: Yes Type Amount	Crein day
(6) CASING/LINER	Fractured Black Bus, 533 545
Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd	Black Digen Bas. 545. 550 Black Bas, Green Clay 550 563
	Black Busset , 563 586
	Bluck Basad Enin clay 586 (25
	(VH) Grey Baseut: 657
	Broke Bleak led Bas 657 Dec 73
	WHICK Gas, Red frace 600 718 725
Shoe Inside Outside Other Location of shoe(s)	Black Bas, Ned trace 600 718 725 Grey Basalt (VH) 725 781
Temporary casing Yes DiameterFromTo	Boundas, Erian clay 781 822
7) PERFORATIONS/SCREENS	Date Started Completed
Perforations Method	(unbonded) Water Well Constructor Certification
	I certify that the work I performed on the construction, deepening, alteration, or
Screen Screen Screen Tele/	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to
Perf Scrn Csng Linr Dia From To Vision & Slote # of pipe Perf Scrn Csng Linr Dia From To Vision Perf Scrn Csng Linr Dia From To Vision Perf Scrn Csng Linr Dia From To Vision Perf Scrn Csng Linr Dia Perf Scr	the best of my knowledge and belief.
	License Number Date
SALEM, OR	DateDate
	Signed
8) WELL TESTS: Minimum testing time is 1 hour	(bonded) Water Well Constructor Certification
Pump Bailer Air Flowing Artesian	I accept responsibility for the construction, deepening, alteration, or
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	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 knowledg
	and belief.
Femperature °F Lab analysis	License Number Date
vater quality concerns? ☐ Yes (describe below)	
From To Description Amount Units	Signed
	Contact Info. (optional)

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L	11190Z

START	CARD#	

Instructions				his report						
1) LAND	OW	NEF	l		Owner V	Well I.),			(9) LOCATION OF WELL (legal description)
First Name _				Las	t Name					County Twp N or S Range E or W W.M
Company						**********				Sec 1/4 of the 1/4 Tax Lot
Address City					State		_ Zip			Tax Map Number Lot
										Tax Map Number Lot Lat o o DMS or DD Long o o DMS or DD
(2) TYPE						-		Conver	sion	Long ° ' . "or . DMS or DD
☐ Alteratio	n (re	pair/re	econdition	on)		bandor	ment			
(3) DRILL	М	TU	<u> </u>							Street Address of Well (or nearest address)
Rotary A				ud □ C	Cable \square	Auger	. п	Cable Mi	ud	
Reverse					ther					(10) STATIC WATER LEVEL
	11044									Date SWL(psi) + SWL (ft)
(4) PROP								ommuni	ity	Existing Well/Predeepening
☐ Industria	l/Co	nmer	cial [] Livestocl	k 🔲 Dev	vaterin	g 🔲 Ir	ijection		Completed Well
☐ Thermal				Other						Flowing Artesian? Yes Dry Hole? Yes
(5) DODE	110	LE C	CONCT	DUCTIO	NI C!-1	C4 1	4. 🖂	V (-44-	als a amad	<u> </u>
(5) BORE					-	Stand	ara: 🔲	y es (atta	cn copy)	WATER BEARING ZONES Depth water was first found
Depth of Co	mple	ted W	/ell	n.	•					SWL Date From To Est Flow SWL (psi) + SWL (ft)
ВО	RE I	IOLE				SE	AL .			6-30-16 908 968 509M 244
Dia F	rom		То	Mate	rial F	rom	То	Amount	Scks/lbs	
										7-9-16 1300 1342 800 160
										7-28-16 1357 137/ 25 282
										(11) WELL LOG Ground Elevation
How was sea	al pla	ced:	Metho	od 🔲 A	□В	\Box C	\square D	☐ E		
Other	-									Material From To
Backfill place					ft Mat	erial				Black his Red hoce 822 870
Filter pack f										Black Bs. Green clay trace 870 880
Explosives u										Broken Black slightly VOSi. 880 886
Explosives	iscu.	ı ليا -	es ry	pe		Amou	<u> </u>			Black Pas Frateured 886 908
(6) CASIN	G/I	INE	R							Bohin Boy Green, Blue 924 968
Csng Linr				l To	Gauge	Steel	Plast	ic Welde	ed Thrd	More Flore Gran Mar 929 100
Cong Lim	Dia	+	110111	1.0		5.00.	T Aust	11 0100	71	Clay & TSignily Y Grey Bas, Ametimed slightly 968 1028
		1								Red Black Bos deconvoied 1028 1052
		1		1						yesicular, Green clay
						1				Grenoliuck Bus. (H) 1052 1142
		1								Descriposed Basalt 1142 1162
										highly itoicular
Shoe Ins	ida		utcida [] Other L	acation of c	hoe(e)				Black Bry Clay Scans (int) 1162 1183
Temporary of			-							Ever, Basa It (VH) 1/83 1281
1 emporary c	casını	<u>. </u>	res D	iameter)III		10		Black Box, Blue Seams 1281 1300
(7) PERFO)RA	TIO	NS/SC	REENS						Date Started Completed
Perforations		Metho								
Screens					M	aterial				(unbonded) Water Well Constructor Certification
1 1		. 71		1						I certify that the work I performed on the construction, deepening, alteration, or
						Scree			Tele/	abandonment of this well is in compliance with Oregon water supply well
D	ر ا	- 1	Screen	F	т.	slot	1			construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Perf Scrn C	sng	Linr	Dia	From	То	width	lengt	h slots	size	the best of my knowledge and benef.
							-			License Number Date
		_						+	1	
						· · · · · ·	+			Signed
					l					
(8) WELL										(bonded) Water Well Constructor Certification
Pump 🔲	9		Bailer	□ A	ir	☐ Flo	wing A	rtesian		I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported
Yield ga	1/min	1	Drawdo	wn Dril	ll stem/Pum	ip dept	h	Duration	(hr)	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
HE	:UE	IVE	טט	Y CIWE	1C					and belief.
Temperature		1019	Falatha	malveis 🗀	Yes By					License Number Date
Vater qualit	V CO.	VU V		Z (describe	helow)					
Temperature YF 14 analysis Yes By Vater quality concerns? Yes (describe below) From To Description Amount Units					1			Signed		
CIOM	-		Rot II R		трион	+ '	MOUNT	+	into	Contact Info. (optional)
	+	SAL	EM.	UH.		+				
	+									

STATE OF OREGON

WATER SUPPLY WELL REPORT	WELL LABEL # L /// 90 Z
(as required by ORS 537.765 & OAR 690-205-0210)	
	START CARD#

instructions for completing this report are on the last page of this form.	OMFIL 5/110
1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
rirst Name Last Name	County Twp N or S Range E or W W.M.
Company	Sec 1/4 of the 1/4 Tax Lot
Address	
City State Zip	Tax Map Number Lot
(2) TYPE OF WORK ☐ New Well ☐ Deepening ☐ Conversion	Lat°'" or DMS or DD
☐ Alteration (repair/recondition) ☐ Abandonment	Long OMS or DD
——————————————————————————————————————	Street Address of Well (or recover address)
(3) DRILL METHOD	Street Address of Well (or nearest address)
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud	
Reverse Rotary Other	(10) CTATIO WATER I DVDI
	(10) STATIC WATER LEVEL
(4) PROPOSED USE Domestic Irrigation Community	Date SWL(psi) + SWL (ft)
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection	Existing Well/Predeepening
☐ Thermal ☐ Other	Completed Well
	Flowing Artesian? Yes Dry Hole? Yes
(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)	WATER BEARING ZONES Depth water was first found
Depth of Completed Well ft.	
Deput of Completed Wellnt.	SWL Date From To Est Flow SWL (psi) + SWL (ft)
BORE HOLE SEAL	
Dia From To Material From To Amount Scks/lbs	
The state of the s	
	(41) WELL LOG
How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E	(11) WELL LOG Ground Elevation
• — — — — —	Material From To
Other	Necl, Black Bas, vesicular 1300 1342
Backfill placed from ft. to ft. Material	(VS)
Filter pack from ft. to ft. Material Size	Bluck Bas. Bluc (lay Seam) 1342 1357
Explosives used: Yes TypeAmount	Brown Bas decomposed 1357 1371
RECEIVED DV OWOS	Black Bas. Green trace 1371 1486
(*)	Slighty fraityzed (MH)
Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd	Crei Basa H / 1/11) 1480 1502
MOV all and	Black Bosart (MH) 1502 1522
NOV 0 8 2015	Grey, Basait (18H) 1922 1542
	Black Basalt 1542 1555
	Broken Black, Green trace 1555 1560
SALEIVI. OF	Every Basalt (VH) 1560 1580
	Red Basalt 1580 1585
Shoe Inside Outside Other Location of shoe(s)	Black BASALTDURE HACE, 1585 1600
Temporary casing	
(7) DEDEODATIONS/SCREENS	
(7) PERFORATIONS/SCREENS Perforations Method	Date Started Completed
	(unbonded) Water Well Constructor Certification
Screens Type Material	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
Screen slot Slot # of pipe	construction standards. Materials used and information reported above are true to
Perf Scrn Csng Linr Dia From To width length slots size	the best of my knowledge and belief.
	License Number Date
	Signed
(8) WELL TESTS: Minimum testing time is 1 hour	(bonded) Water Well Constructor Certification
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	I accept responsibility for the construction, deepening, alteration, or
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	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.
	and owner.
	License Number Date
'emperature °F Lab analysis	
Vater quality concerns? Yes (describe below)	Signed
From To Description Amount Units	Contact Info. (optional)
	Contact fino. (Optional)