

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 50709
START CARD # 157050

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name Nicki Hiner Diehl Hiner Trust
Address PO Box 109
City North Powder State OR Zip 97867

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

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 620 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>12"</u>	<u>299</u>	<u>400</u>	<u>N/A</u>			
<u>10"</u>	<u>400</u>	<u>620</u>				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to NONE Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>12"</u>	<u>12</u>	<u>147.575</u>	<u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 12" 147

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
			<u>NONE</u>			<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>800</u>		<u>580</u>	<u>1 hr.</u>

Temperature of water 60 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Union Latitude _____ Longitude _____
Township 6S N or S Range 39E E or W. WM.
Section 8 NE 1/4 NE 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 65579 Wolf Cr Lane North Powder OR 97867

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 6-6-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 570

From	To	Estimated Flow Rate	SWL
<u>570</u>	<u>610</u>	<u>800</u>	<u>9</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Fractured Basalt Grey</u>	<u>299</u>	<u>410</u>	
<u>Fractured Black Basalt</u>	<u>460</u>	<u>570</u>	
<u>Grey Clay Gravel</u>	<u>570</u>	<u>600</u>	<u>9'</u>
<u>Fractured Black Basalt</u>	<u>600</u>	<u>620</u>	<u>9</u>

RECEIVED

JUN 12 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-27-03 Completed 6-6-03

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed Michael J. H. WWC Number 1737 Date 6-10-03

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed Robert V. Stoff WWC Number 415 Date 4-10-03