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UNIO 51381

Pg #1

STATE OF OREGON JUL 03 2003
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765) WATER RESOURCES DEPT.
 SALEM, OREGON
 Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
 Name TERRA MAGIC, INC.
 Address PO BOX 3093
 City LAGRANDE State OR Zip 97850

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

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☒ Other REVERSE

(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>26"</u>	<u>0</u>	<u>715</u>	<u>BENTONITE</u>	<u>0</u>	<u>34</u>	<u>7500 #</u>

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other OVER BORE DRY FOUR
 Backfill placed from 620 ft. to 715 ft. Material Gravel
 Gravel placed from 34 ft. to 715 ft. Size of gravel 3/8"

(6) CASING/LINER: CONTINUED Pg #2

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>16"</u>	<u>+1</u>	<u>125</u>	<u>.375</u>	☒	☐	☒	☐
<u>16"</u>	<u>185</u>	<u>250</u>	<u>.375</u>	☒	☐	☒	☐
<u>16"</u>	<u>310</u>	<u>330</u>	<u>.375</u>	☒	☐	☒	☐
<u>10"</u>	<u>360</u>	<u>385</u>	<u>.365</u>	☒	☐	☒	☐
<u>10</u>	<u>445</u>	<u>515</u>	<u>.365</u>	☒	☐	☒	☐
<u>10</u>	<u>555</u>	<u>595</u>	<u>.365</u>	☒	☐	☒	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: CONTINUED Pg #2

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>125</u>	<u>185</u>	<u>.035</u>		<u>16"</u>		☒	☐
<u>250</u>	<u>310</u>	<u>.035</u>		<u>16"</u>		☒	☐
<u>330</u>	<u>360</u>	<u>.040</u>		<u>10"</u>		☒	☐
<u>385</u>	<u>445</u>	<u>.040</u>		<u>10</u>		☒	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
200 gpm 80' 1 hr.
ESTIMATE

Temperature of water 59° 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 2 N or S Range 39 E or W. WM.
 Section 20 SE 1/4 NE 1/4
 Tax Lot 4200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) MARKET LANE

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 6-12-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 34'

From	To	Estimated Flow Rate	SWL
<u>ALL SANDS + GRAVELS BELOW</u>			
<u>34'</u>			

(12) WELL LOG: Ground Elevation _____
 WATER RESOURCES DEPT.
 SALEM, OREGON

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>8</u>	
<u>BROWN CLAY</u>	<u>8</u>	<u>26</u>	
<u>SOFT SANDSTONE</u>	<u>26</u>	<u>34</u>	
<u>FINE TO MED SAND</u>	<u>34</u>	<u>51</u>	
<u>BR CLAY</u>	<u>51</u>	<u>67</u>	
<u>FINE-COARSE SAND</u>	<u>67</u>	<u>166</u>	
<u>BLUE CLAY + FINE SAND MIX</u>	<u>166</u>	<u>181</u>	
<u>FINE-COARSE SAND</u>	<u>181</u>	<u>239</u>	
<u>GRAY CLAY</u>	<u>239</u>	<u>256</u>	
<u>FINE-COARSE SAND</u>	<u>256</u>	<u>369</u>	
<u>GRAY CLAY</u>	<u>369</u>	<u>388</u>	
<u>FINE-MED SAND</u>	<u>388</u>	<u>443</u>	
<u>SANDY CLAY + GRAY CLAY</u>	<u>443</u>	<u>510</u>	
<u>GRAY SANDY CLAY + BR CLAY</u>	<u>510</u>	<u>533</u>	
<u>GRAY CLAY</u>	<u>533</u>	<u>595</u>	
<u>FINE-MED SAND</u>	<u>595</u>	<u>613</u>	
<u>GRAY + GREEN CLAY</u>	<u>613</u>	<u>715</u>	

Date started 6-2-03 Completed 6-12-03

(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 _____ WWC Number _____ Date _____

(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 [Signature] WWC Number 1506 Date 6-27-03

(as required by ORS 537.765)

WELL I.D. # L 50719
START CARD # 114177

(1) LAND OWNER _____ Well Number _____
Name TERRA MAGIC, INC.
Address PO BOX 3093
City LAGRANDE State OR Zip 97901

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

☒ Other REVERSE

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from	ft. to	ft.	Material
----------------------	--------	-----	----------

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10	6.15	6.20	.365	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) _____

☐ Perforations Method _____
☒ Screens Type JOHNSON Material MILD STEEL

		WIRE WRAP					
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
515	555	.040		10"		☒	☐
595	615	.040		10"		☒	☐
						☐	☐
						☐	☐

☐ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min Drawdown Drill stem at Time

			1 hr.

Temperature of water _____ 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: _____

County LONDON Latitude _____ Longitude _____

Township 2 N or S Range 39 E or W. WM.

Section 20 SE 1/4 NE 1/4

Section 9901 Block Subdivision

Tax Lot 1400 Lot Block Subdivision
City Atlanta County DeKalb State GA **UNPLOT LAND**

ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

Ground Elevation _____

[illegible]

Date started	Completed
1990	1991
1992	1993
1994	1995
1996	1997
1998	1999
2000	2001
2002	2003
2004	2005
2006	2007
2008	2009
2010	2011
2012	2013
2014	2015
2016	2017
2018	2019
2020	2021
2022	2023
2024	2025
2026	2027
2028	2029
2030	2031
2032	2033
2034	2035
2036	2037
2038	2039
2040	2041
2042	2043
2044	2045
2046	2047
2048	2049
2050	2051
2052	2053
2054	2055
2056	2057
2058	2059
2060	2061
2062	2063
2064	2065
2066	2067
2068	2069
2070	2071
2072	2073
2074	2075
2076	2077
2078	2079
2080	2081
2082	2083
2084	2085
2086	2087
2088	2089
2090	2091
2092	2093
2094	2095
2096	2097
2098	2099
2100	2101
2102	2103
2104	2105
2106	2107
2108	2109
2110	2111
2112	2113
2114	2115
2116	2117
2118	2119
2120	2121
2122	2123
2124	2125
2126	2127
2128	2129
2130	2131
2132	2133
2134	2135
2136	2137
2138	2139
2140	2141
2142	2143
2144	2145
2146	2147
2148	2149
2150	2151
2152	2153
2154	2155
2156	2157
2158	2159
2160	2161
2162	2163
2164	2165
2166	2167
2168	2169
2170	2171
2172	2173
2174	2175
2176	2177
2178	2179
2180	2181
2182	2183
2184	2185
2186	2187
2188	2189
2190	2191
2192	2193
2194	2195
2196	2197
2198	2199
2200	2201
2202	2203
2204	2205
2206	2207
2208	2209
2210	2211
2212	2213
2214	2215
2216	2217
2218	2219
2220	2221
2222	2223
2224	2225
2226	2227
2228	2229
2230	2231
2232	2233
2234	2235
2236	2237
2238	2239
2240	2241
2242	2243
2244	2245
2246	2247
2248	2249
2250	2251
2252	2253
2254	2255
2256	2257
2258	2259
2260	2261
2262	2263
2264	2265
2266	2267
2268	2269
2270	2271
2272	2273
2274	2275
2276	2277
2278	2279
2280	2281
2282	2283
2284	2285
2286	2287
2288	2289
2290	

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.

WWC Number _____

Signed _____ Date _____

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.

WWC Number 1208

Signed [Signature] Date 6-27-