

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-26-2006

WELL LABEL # L 78289

START CARD # 175651

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_
Company ONTARIO OREGON F M GROUP
Address 3958 HWY 201
City ONTARIO State OR Zip 97914

(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 [ ] Domestic [X] Irrigation [ ] Community

[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other \_\_\_\_\_

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

Depth of Completed Well 316.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs, sacks/

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

[X] Other POURED DRY

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

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

Temp casing [X] Yes Dia 10 From 0 To 21

(7) PERFORATIONS/SCREENS

Perforations Method AIR KNIFE

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Table with columns: Perf/ Screen, Casing/ 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)

Temperature 52 °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 Union Twp 3.00 S N/S Range 38.00 E E/W WM
Sec 3 SE 1/4 of the SE 1/4 Tax Lot 400
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD
[ ] Street address of well [ ] Nearest address

11206 S MCALLISTER, ISLAND CITY

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), + SWL(ft)

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Table with columns: Material, From, To

Date Started 03-17-2006 Completed 03-31-2006

(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 \_\_\_\_\_

Electronically Filed

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 1775 Date 05-26-2006

Electronically Filed

Signed JASON ACQUISTAPACE (E-filed)

Contact Info (optional)