

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 82655
 START CARD # 172224

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

(1) LAND OWNER Well Number _____
 Name PAUL RUDD
 Address 64053 GEKLER LN
 City LAGRANDE State OR Zip 97850

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 910 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
2 1/2"	792	920				

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 0 ft. to 920 ft. Size of gravel 3/8"

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	16"	+2	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	200	210	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	220	245	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	265	355	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	375	425	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	445	450	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type WIRE WRAP Material M.S.

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
180	200	.060		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
210	220	.060		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
245	265	.060		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
355	375	.060		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
425	445	.060		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
	N/A		

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: _____

(9) LOCATION OF WELL (legal description)
 County UNION
 Tax Lot _____ Lot _____
 Township 2 N or S Range 39 E or W WM
 Section 30 SW 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) BOOTH LANE
HWY 82, APPX 1/4 MI EAST
 (10) STATIC WATER LEVEL
15 ft. below land surface. Date 7-6-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
GREEN GREY CLAY SAND MIX	792	825	
COARSE SAND	825	834	
GREEN CLAY SHALE	834	855	
MED-COARSE SAND	855	864	
GREEN CLAY SHALE	864	882	
MED-COARSE SAND	882	886	
GREEN CLAY	886	893	
MED-COARSE SAND/CLAY	893	907	
GREY CLAY	907	920	

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Date Started 4-30-06 Completed 7-6-06

(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.

WWC Number 1673 Date 7-31-06
 Signed Kevin Chester

(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.

WWC Number 1595 Date 7-31-06
 Signed Jay Dayton

UNIO 51770

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Well I.I.#L 82655
Start Card# 172224

Name: Paul Rudd
Address: 64053 Gekler Ln
City: LaGrande State: OR Zip: 97850

(6) CASING/LINER

Dia	From	To	Gauge	Steel	Welded
16"	470'	510'	0.375	X	X
16"x10" Reducer @ 510'					
10"	520'	530'	0.25	X	X
10"	540'	570'	0.25	X	X
10"	590'	610'	0.25	X	X
10"	630'	640'	0.25	X	X
10"	660'	665'	0.25	X	X
10"	675'	680'	0.25	X	X
10"	700'	720'	0.25	X	X
10"	730'	740'	0.25	X	X
10"	760'	790'	0.25	X	X
10"	835'	855'	0.25	X	X
10"	865'	880'	0.25	X	X

(7) PERFORATIONS/SCREENS

From	To	Slot Size	Dia	Casing	Type	Material	Method
450'	470'	0.06	16"	X	Type: Wire Wrap	Material: M.S	
510'	520'	0.04	10"	X			
530'	540'	0.04	10"	X			
570'	590'	0.03	10"	X	Type: Wire Wrap	Material: S.S.	
610'	630'	0.03	10"	X			
640'	660'	0.03	10"	X			
665'	675'	0.25	10"	X	Perforated Pipe	Method: Factory	
680'	700'	0.25	10"	X			
720'	730'	0.25	10"	X			
740'	760'	0.25	10"	X			
790'	835'	0.25	10"	X			
855'	865'	0.25	10"	X			
880'	910'	0.25	10"	X			

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