

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

UNIO 51827

UNIO 51827

AMENDED

WELL I.D. # L

66012

START CARD #

17225

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

(1) LAND OWNER Well Number
 Name SONNIE MAISON SPECIALTIES FURNITURE CO.
 Address 63970 W. MILL CANYON
 City CLATSOP State OR Zip 97130

(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 785 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
30	0	81	CEMENT	0	81	7 yds
34	81	1030				

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 0 ft. to 1030 ft. Size of gravel 1/2"

(6) CASING/LINER

Casing	Diameter	From	To	Gauge	Steel				Plastic	
					Welded	Threaded	Welded	Threaded		
	34	0	81	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16	81	160	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	160	530	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	530	740	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
liner	12	740	960	.275	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None NOTE:
 Final location of shoes) 16" X 12" FEEDER @ 480'

(7) PERFORATIONS/SCREENS
 Perforations Method FABRIC
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
160	480	.020	64/FT	16		<input checked="" type="checkbox"/>	<input type="checkbox"/>
530	740	.020	48/FT	12		<input checked="" type="checkbox"/>	<input type="checkbox"/>
740	960	.020	48/FT	12		<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
12	75		6:00

Temperature of water 56 Depth Artesian Flow Found _____
 Was a water analysis done? Yes No
 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 2100 Lot _____
 Township 3 N or S Range 38 (E or W WM
 Section 14 NW 1/4 SW 1/4

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

Street Address of Well (or nearest address) 2675 East 2nd St
50' FEET DIST FROM NW CORNER SECTION 14

(10) STATIC WATER LEVEL
46 ft. below land surface. Date 10-20-06
 _____ 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
ALL SAND & GRAVEL LENS @ 125'			

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
FAN CLAY & SAND	4	75	
GRAY CLAY w/ SAND & GRAVEL	75	181	
FINE-MED SAND	181	194	
GRAY CLAY	194	242	
SAND w/ CLAY	242	299	
GRAY CLAY	299	429	
SAND	429	435	
GRAY CLAY	435	532	
SAND	532	702	
CLAY	702	743	
GRAY CLAY	743	743	
SAND	743	757	
CLAY	757	1030	

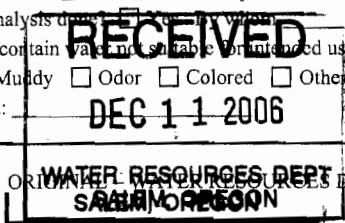
Date Started 6-27-06 Completed 10-20-06

(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 11-15-06
 Signed Kevin Chastain

(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 1509 Date 11-15-06
 Signed [Signature]



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

WELL I.D. # L 66048

START CARD # 17225

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

(1) LAND OWNER Well Number
Name JOANNE PARSON SPECKHART FARMS INC.
Address 63970 McDONALD LANE
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 985 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
<u>30</u>	<u>0</u>	<u>81</u>	<u>CEMENTGROUT</u>	<u>0</u>	<u>81</u>	<u>7 yds</u>
<u>24</u>	<u>81</u>	<u>1020</u>				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 0 ft. to 1020 ft. Size of gravel 1/2"

Casing:	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					✓	✓	✓	✓	✓	✓	✓	✓		
	<u>24</u>	<u>0</u>	<u>81</u>	<u>.375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>16</u>	<u>81</u>	<u>160</u>	<u>.375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>12</u>	<u>480</u>	<u>520</u>	<u>.375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>12</u>	<u>700</u>	<u>740</u>	<u>.375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>12</u>	<u>960</u>	<u>985</u>	<u>.375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None NOTE:
Final location of shoe(s) 16" X 12" REDUCER @ 480"

(7) PERFORATIONS/SCREENS
 Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>160</u>	<u>480</u>	<u>.250</u>	<u>64/FT</u>	<u>16</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>520</u>	<u>700</u>	<u>.250</u>	<u>48/FT</u>	<u>12</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>740</u>	<u>960</u>	<u>.250</u>	<u>48/FT</u>	<u>12</u>		<input 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
<u>1200</u>	<u>85</u>		<u>6 HRS</u>

Temperature of water 56 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 3900 Lot _____
Township 2 N or S Range 38 E or W WM
Section 14 NW 1/4 SW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) 2695 FEET SOUTH + 50' FEET EAST FROM NW CORNER SECTION 14

(10) STATIC WATER LEVEL
46 ft. below land surface. Date 10-20-06
_____ 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
<u>ALL SANDS + GRAVELS BELOW 125'</u>			

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>4</u>	
<u>BRN CLAY w/ GRN LSTNS</u>	<u>4</u>	<u>75</u>	
<u>GRAY CLAY w/ SM GRVLS STREAKS</u>	<u>75</u>	<u>181</u>	
<u>FINE-MED SAND</u>	<u>181</u>	<u>194</u>	
<u>GRAY CLAY</u>	<u>194</u>	<u>242</u>	
<u>SAND w/ SM CLAY STREAKS</u>	<u>242</u>	<u>299</u>	
<u>GRAY CLAY w/ SAND STREAKS</u>	<u>299</u>	<u>429</u>	
<u>SANDSTONE SAND</u>	<u>429</u>	<u>435</u>	
<u>GRAY + BRN CLAY w/ SAND STREAKS</u>	<u>435</u>	<u>532</u>	
<u>SAND, SM GRVLS, SHALE w/</u>	<u>532</u>	<u>702</u>	
<u>GRAY CLAY STREAKS</u>			
<u>BRN STICKY CLAY</u>	<u>702</u>	<u>743</u>	
<u>SAND, SM GRVLS, SM CLAY STREAKS</u>	<u>743</u>	<u>957</u>	
<u>BRN CLAY + SHALE</u>	<u>957</u>	<u>1020</u>	

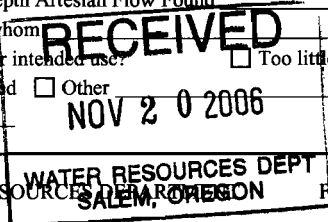
Date Started 6-27-06 Completed 10-20-06

(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 11-15-06
Signed Kevin O'Quinn

(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 1505 Date 11-15-06
Signed [Signature]



Unio 51827

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

WELL I.D. # L 66048
START CARD # 17225 17225

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

(1) LAND OWNER Well Number
Name JOANNE PARSON SPECKHART FARMS INC.
Address 63970 McDONALD LANE
City LAGRANDE State OR Zip 97850

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

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

(4) PROPOSED USE
[] Domestic [] Community [] Industrial [X] Irrigation
[] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION Special Construction: [] Yes [X] No
Depth of Completed Well 985 ft.
Explosives used: [] Yes [X] No Type Amount

Table with columns: BORE HOLE (Diameter, From, To, Material, Sacks or Pounds) and SEAL (From, To, Sacks or Pounds). Includes handwritten entries for cement and gravel.

How was seal placed: Method [] A [] B [X] C [] D [] E
Backfill placed from 0 ft. to 1020 ft. Material
Gravel placed from 0 ft. to 1020 ft. Size of gravel 1/2"

Table for (6) CASING/LINER with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes handwritten casing specifications.

Drive Shoe used [] Inside [] Outside [X] None NOTE: 16"x12" REDUCER @ 480"
Final location of shoe(s)

(7) PERFORATIONS/SCREENS
[X] Perforations Method FACTORY
[] Screens Type Material
Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min 1200 Drawdown 85 Drill stem at Time 6 HRS

Temperature of water 56 Depth Artesian Flow Found
Was a water analysis done? [X] Yes By whom
Did any of the following apply? [] Too little
[] Salty [] Muddy [] Odor [] Colored [] Other
Depth of strata: FEB 08 2007 NOV 20 2006

(9) LOCATION OF WELL (legal description)
County UNION
Tax Lot 3900 Lot
Township 2 N or S Range 38 E or W WM
Section 14 NW 1/4 SW 1/4
Lat Long (degrees or decimal)

Street Address of Well (or nearest address) 2695 FEET SOUTH + 50' FEET EAST FROM NW CORNER SECTION 14

(10) STATIC WATER LEVEL
46 ft. below land surface. Date 10-20-06
Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES
Depth at which water was first found 125'
Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entry: ALL SANDS + GRAVELS BELOW 125'

(12) WELL LOG
Table with columns: Material, From, To, SWL. Includes handwritten log entries from TOP SOIL to BRN CLAY + SHALE.

Date Started 6-27-06 Completed 10-20-06

(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.
WWC Number 1673 Date 11-15-06
Signed Kevin Ooster

(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.
WWC Number 1505 Date 11-15-06
Signed