STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L [193722
START CARD#	85271

County UMON Twp3 S N/S Rangs3 N E EAW WM Cable Two May Number Two May N	(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)				
Company GRAND RONDE SEED FARMS Address PO BOX 99 61107 PEACH RD	First Name Last Name					
Address Po BOX 959	Company GRAND RONDE SEED FARMS	Sec 8 SW 1/4 of the SE 1/4 Tax Lot 2801				
Conversion Alternation (printeriorecondition) Abstandomment Abstandomm		Tay Man Number				
Conversion Alternation (printeriorecondition) Abstandomment Abstandomm	City LA GRANDE State OR Zip 97850	DMS or DD				
Alleration (repair/secondinon) Abandoment	(2) TVPF OF WORK New Well Deepening Conversion	Long "or DMS or DD				
SO EAST OF CORNER OF PEACH RD AND GENLER	` <u>`</u>	Street address of well • Nearest address				
Receits Rotty Other		500' EAST OF CORNER OF PEACH RD AND GEKLER				
A PROPOSED USE	Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL Date SWI (20)				
Canal Cana						
Short Inside						
This Injection Other	Industrial/Commericial Livestock Dewatering	Flowing Artesian? Dry Hole?				
Second Construction Special Standard Attach copy Attach copy Switch 20 Completed 20 Comp	Thermal Injection Other					
Depth of Completed Well 250	(5) BORE HOLE CONSTRUCTION Special Standard Attach copy					
BORE HOLE Dia From To Material From To Anti Its Cement 12 50 5 April Element 13 5 Element 14 57 Element 15 Element		TION TO ESCRIPTION STREET				
Bennomic O 12 4,000 P 6-27-2007 158 181 3-6 3-6						
Ement 12 50 5 5 5 5 5 5 5 5	Dia From To Material From To Amt lbs					
How was seal placed Method A B C D E Diter Diter Diter Not was seal placed Method A B C D E Diter						
How was seal placed Method A B C D E holder Other	Cement 12 50 5 q Rb.	06-27-2007 188 197 36				
Other Backfill placed from ft. to ft. Material Size 3/8-		(11) WELL LOG Ground Elevation				
Other Backfill placed from ft. to ft. Material Size 3/8-	How was seal placed: Method A B C D E	Material From To				
This placed from						
Filter pack from S0 ft. to 250 ft. Material Grave Size 3/8- Explosives used: Yes Type						
Explosives used:						
CASING/LINER From To Gauge St Pistc Wild Thrd St Gauge St Pistc Wild Thrd Gauge	·					
Casing Liner Dia						
Competitive of the properties of the propertie	(6) CASING/LINER					
Fine Coarse Sand Gravel Sand Clavel Sand Sand Sand Sand Sand Sand Sand Sand						
Sone Inside Outside Other Location of shoc(s) Temp casing Yes Dia From To SAND.GRAVEL 188 197	10 2 120 .230 0 0 0					
Sone Inside Outside Other Location of shoc(s) Temp casing Yes Dia From To SAND.GRAVEL 188 197	10 140 160 .250					
Sone Inside Outside Other Location of shoc(s) Temp casing Yes Dia From To SAND.GRAVEL 188 197	200 220 230					
Shoe Inside Outside Other Location of shoe(s) Temp casing Yes Dia From To Casing Streen Streen Streen Streen Liner Dia From To Width length slots pipe size Screen Casing 10 120 140 0.35 Date Started 06-27-2007 Completed 06-30-2007						
Temp casing Yes Dia From To SCREENS Perforations Method Screens Type Wire WRAP Material MS Peril Casing/ Screen Screen Liner Dia From To width length slots pipe size Screen Casing 10 120 140 .035 Screen Casing 10 160 200 .035						
(7) PERFORA TIONS/SCREENS Perforations Method Screens Type WIRE WRAP Screen Liner Dia From To width length slots pipe size Screen Casing 10 120 140 .035 Screen Casing 10 160 220 240 .035 Screen Casing 10 220 240 .0						
Perforations Method Screen Screen Screen Screen Screen Liner Dia From To width length slots pipe size Screen Casing 10 120 140 .035	Temp casing Yes Dia From To					
Perforations Method Screens Type WIRE WRAP Perforations Method Screens Type WIRE WRAP Material M.S. Perforations Screens Type WIRE WRAP Screen Liner Dia From To width length slots pipe size Screen Casing 10 120 140 .035 Screen Casing 10 120 140 .035 Screen Casing 10 120 220 240 .035 Screen Casing 10 220 240 .035 WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 150 200 2 Water quality concerns? Yes (describe below): Water quality concerns? Yes (describe below): From To Description WATER RESOURCES DEP1 ORIGINAL - WATER RESOURCES DEP1 ORIGINAL - WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK	(7) PERFORATIONS/SCREENS					
Date Started O6-27-2007 Completed O6-30-2007	Perforations Method	71.				
Screen Liner Dia From To width length slots pipe size	Screens Type WIRE WRAP Material M.S.					
Screen Casing 10 120 140 035 Screen Casing 10 160 200 035 Screen Casing 10 220 240 035 Screen Casing 10 166 200 035 Screen Casing 10 166 200 035 Screen Casing 10 160 200 035 Screen Casing 10	Perf/ Casing/Screen Scm/slot Slot # of Tele/	Date Started or 27 2007				
Screen Casing 10 160 200 .035	Screen Liner Dia From To width length slots pipe size	Completed 06-30-2007				
Screen Casing 10 220 240 .035 Bailer		(unbonded) Water Well Constructor Certification				
Construction standards. Materials used and information reported above are true to the best of my knowledge and belief. License Number Date Password: (if filing electronically) Signed Temperature 61 °F Lab analysis Yes By Water quality concerns? Yes (describe below): From To Description OREGON ORIGINAL - WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK						
the best of my knowledge and belief. Contact DREC Contact DRE	Screen Casing 10 220 240 .035	, , , , , , , , , , , , , , , , , , , ,				
Content MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT Construction of Market Submits Co		•				
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 150 REC (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 150 Date 07-05-2007 Password: (if filing electronically) Signed Contact Drive (if filing electronically) Signed Contact Drive (if filing electronically) Signed Contact Drive (if filing electronically) Date 07-05-2007 Password: (if filing electronically) Date 07-05-2007 Password: (if filing electronically) Signed Contact Drive (if filing electronically) Date 07-05-2007 Password: (if filing electronically) Signed Contact Drive (if filing electronically) Date 07-05-2007 Password: (if filing electronically) Signed Contact Drive (if filing electronically) Date 07-05-2007 Password: (if filing electronically) Signed Contact Drive (if filing electronically) Date 07-05-2007 Password: (if filing electronically)		1				
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 150 REC Temperature 61 °F Lab analysis Yes By Water quality concerns? Yes (describe below): From To Description Units WATER RESOURCES DEP1 ORIGINAL - WATER RESOURCES DEPARTMENT ORIGINAL - WATER RESOURCES DEPARTMENT ORIGINAL - WATER RESOURCES DEPARTMENT ORIGINAL - WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK		Date Date				
Yield gal/min Drawdown Drill stem/Pump depth Duration (ntr) 150	Pump Bailer • Air Flowing Artesian					
Temperature 61 °F Lab analysis Yes By Water quality concerns? From To Description Units 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 1500 Password: (if filing electronically) Signed Contact DR (optional) ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK		Signed				
work performed on this well during the construction dates reported above. All 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 1505 Password: (if filing electronically) Signed Contact pro (optional) ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK	150 200 2	(bonded) Water Well Constructor Certification				
Temperature 61 °F Lab analysis Yes By Water quality concerns? Yes (describe below) From To Description Units WATER RESOURCES DEP1 ORIGINAL - WATER RESOURCES DEPARTMENT ORIGINAL - WATER RESOURCES DEPARTMENT ORIGINAL - WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK	DEC En.					
Water quality concerns? Yes (describe below) From To Description Units Construction standards. This report is true to the best of my knowledge and belief. License Number 1505 Password: (if filing electronically) Signed Contact DR (optional) ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK	THE TALL OF THE TA	, ,				
WATER RESOURCES DEP 1 ORIGINAL - WATER RESOURCES DEPARTMENT ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK						
Password: (if filing electronically) Salem Oregon ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK		1				
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THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK						
		MENT WITHIN 30 DAYS OF COMPLETION OF WORK				

UNIO 51872

WATER SUPPLY WELL REPORT - continuation page

WELL	I.D.	#	L	193722

START CARD # 85271

(5) BO	RE HO	LE CONSTR	UCTION		(10) STATIO	WATER	LEVEL				
BORE HOLE SEAL sacks/					Water Bea		LEVEL				
Dia	From	To Ma	terial F	om To	Amt lbs	1					
						SWL Date	From	To	Est Flow	SWL(psi)	
						06-28-2007	218	250			36
		igwdard			-						
	PH TCD	DACK									
F	FILTER rom	To Material	Size								
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(6) CA	SING/I	INER				(11) WELL	LOG				
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(7) PE	RFOR	ATIONS/SCRI	EENS								
	Casing/ Sci		Scrn/slo	Slot # o	f Tele/						
Screen I		ia From	To width		s pipe size						
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		STS: Minimu									
Yield	gal/min	Drawdown	Drill stem/Pump	depth Durati	on (hr)	Comments/	Remarks				
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Wat	ter Ouali	ity Concerns									
From			Description	Amount	Units						
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