

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

WELL I.D. # L 93927

START CARD # 175050

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

(1) LAND OWNER Chris & Donna Heffernan Well Number _____
Name _____
Address 63600 Viewpoint Ln
City North Powder State OR Zip 97867

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 80 ft.
Explosives used: Yes No Type _____ Amount _____

| BORE HOLE | | | SEAL | | | Sacks or Pounds |
|-----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 10 | 0 | 18 | Bent. | 0 | 18 | 10 |
| 6 | 18 | 190 | | | | |

How was seal placed: Method A B C D E
 Other 3/4 poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

| Casing: | Diameter | From | To | Gauge | Material | | | |
|---------|----------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| | 6 | +2 | 78 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) 78'

(7) PERFORATIONS/SCREENS
 Perforations Method N/A.
 Screens Type _____ Material _____

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <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 |
|---------------|----------|---------------|-------|
| 200+ | 134 | 190 | 2 hr. |

Temperature of water 50' 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 4100 Lot _____
Township 5 N or S Range 39 E or W WM
Section 34 SW 1/4 NW 1/4

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

Street Address of Well (or nearest address) 1/2 mile S. of Olsen Rd. on Bagwell Rd. left side of Rd.

(10) STATIC WATER LEVEL
6 ft. below land surface. Date 11-4-07
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 10

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 10 | 11 | 3 | 8 |
| 40 | 60 | 60 | 6 |
| 60 | 80 | 100+ | } |
| 80 | 190 | 200+ | |

(12) WELL LOG Ground Elevation _____

| Material | From | To | SWL |
|----------------------------|------|-----|-----|
| Top Soil | 0 | 3 | |
| Brown Clay | 3 | 10 | |
| Light Brown Clay w/B | 10 | 11 | 8 |
| Dark Brown Clay | 11 | 40 | |
| Coarse Brown Sand w/ | 40 | | 6 |
| fine sand and small Gravel | | 80 | } |
| w/B | 80 | 190 | |
| Coarse Black Sand w/ | | | |
| quartz and small Gravel | | | |

Bottom 60' caved
Below casing still
Blowing 100+ w/ drill
stem at 75'

Date Started 10-26-07 Completed 11-4-07

(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 _____ Date _____

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.

WWC Number 1816 Date 11-5-07

Signed [Signature]

WATER RESOURCES DEPT