

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

WELL LABEL # L 85273
 START CARD # 193724

(1) LAND OWNER Owner Well I.D. WELL #3
 First Name PAUL Last Name RUDD
 Company _____
 Address 64053 GEKLER LANE
 City LaGRANDE State OR Zip 97850

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 1,120 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
24	0	850	Bentonite	0	50	6,500	P
18	850	1,128					

How was seal placed: Method A B C D E
 Other DRY POUR
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 50 ft. to 1,128 ft. Material GRAVEL Size 5/16
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		2	495	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		515	530	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		560	580	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		600	620	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12		630	660	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY
 Screens Type WIRE WRAP Material GALV STEEL

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Screen	Casing	12	495	515	.03				
Screen	Casing	12	530	560	.03				
Screen	Casing	12	580	600	.03				
Screen	Casing	12	620	630	.03				
Screen	Casing	12	660	670	.03				

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 300 Drawdown 43 Drill stem/Pump depth 206 Duration (hr) 2

Temperature 79 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) 20 2007
 From _____ To _____ Description _____
RECEIVED
WATER RESOURCES DEPT
SALEM, OREGON

(9) LOCATION OF WELL (legal description)
 County UNION Twp 2 S N/S Range 39 E E/W WM
 Sec 29 SW 1/4 of the NE 1/4 Tax Lot 11200
 Tax Map Number _____ Lot _____
 Lat _____ " or 0 DMS or DD
 Long _____ " or 0 DMS or DD
 Street address of well Nearest address
1/4 MILE EAST OF WALLSINGER LANE ON BOOTH LANE

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>11-17-2007</u>		<u>51</u>

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 57

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
10-08-2007	57	68			51
10-09-2007	107	205			51
10-09-2007	277	307			51
10-09-2007	333	390			51
10-09-2007	435	444			51

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
SANDY LOAM	2	12
FINE BRN SAND	12	15
BURNT BRN CLAY, SANDY CLAY	15	22
SAND, GRAVEL	22	38
HARD BRN CLAY	38	57
BRN CLAY, W/ SAND LAYERS	57	68
GREY CLAY	68	107
GREY CLAY W/ SAND LAYERS	107	205
BLUE AND GREY CLAY	205	277
GREY CLAY, FINE SAND, SHALE	277	307
GREY CLAY	307	333
GREY CLAY, FINE SAND	333	390
BROWN CLAY	390	435
FINE SAND, W/CLAY	435	444
GREY, BROWN CLAY	444	494
COARSE SAND	494	500
GREY CLAY	500	528
GREY CLAY W/ COARSE SAND	528	562

Date Started 10-08-2007 Completed 11-17-2007

(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 1673 Date 12-10-2007
 Password: (if filing electronically) _____
 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.
 License Number 1505 Date 12-10-2007
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____

