

(1) LAND OWNER Owner Well I.D. ROCK 1
 First Name _____ Last Name _____
 Company Heffernan Family Trust
 Address 706 B Ave
 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 310 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
20	0	230	Cement	5	230	200	S
15	230	310	Bentonite Chips	0	5	20	S

How was seal placed: Method A B C D E
 Other bent chips
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16		3	230	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
green	Liner	Dia			width	length	slots	pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
4,400	10'	<u>PUMP</u>	1
6,000	<u>AIR</u>	310	4

Temperature 51 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County UNIO Twp 5 S N/S Range 39 E E/W WM
 Sec 27 NW 1/4 of the SW 1/4 Tax Lot 3200
 Tax Map Number _____ Lot _____
 Lat _____ " or 0 _____ DMS or DD
 Long _____ " or 0 _____ DMS or DD
 Street address of well Nearest address
63600 View Point Lane, North Powder OR 97867

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	04-08-2011	1	

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
04-01-2011	235	313	6,000		<input checked="" type="checkbox"/> 2.5

(11) WELL LOG Ground Elevation _____

Material	From	To
Black & grey sticky clay	0	9
Course sand	9	16
Sand with clay	16	31
Blue sticky clay	31	77
Brown clay & fine sand	77	85
Grey clay & fine sand	85	102
Blue grey soft super sticky clay	102	183
Red & black cinders	183	220
Black med basalt	220	235
Black broken vesicular basalt & thin voids	235	252
Void-big water	252	264
Black, red broken vesicular basalt	264	284
Black red extremely broken basalt	284	313
caving 310-313		
5-3-11 2.4 psi at well head		

Date Started 03-25-2011 Completed 04-01-2011

(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 1934 Date 04-11-2011
 Password: (if filing electronically) _____
 Signed [Signature]

(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 1293 Date 04-11-2011
 Password: (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____

RECEIVED

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-305-0210)

WELL LABEL # L 96339

START CARD # 1012492

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 Signed
 Contact Info (optional)