

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L

111901

START CARD #

W 209822

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

(1) LAND OWNER: Owner Well I.D. # 5, First Name, Last Name, Company City of North Powder, Address 635 3rd Street, City North Powder, State OR, Zip 97867

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

(3) DRILL METHOD: [X] Rotary Air, [] Rotary Mud, [] Cable, [] Auger, [] Cable Mud, [] Reverse Rotary, [] Other

(4) PROPOSED USE: [] Domestic, [] Irrigation, [X] Community, [] Industrial/Commercial, [] Livestock, [] Dewatering, [] Injection, [] Thermal, [] Other

(5) BORE HOLE CONSTRUCTION: Special Standard: [] Yes (attach copy), Depth of Completed Well 300 ft.

Table with columns: BORE HOLE (Dia, From, To, Material, Amount) and SEAL (From, To, Amount, Sck#/lbs). Row 1: Dia 16, From 0, To 300, Material Cement, Amount 19yd, Sck#/lbs 475.

How was seal placed: Method [] A [] B [X] C [] D [] E, Backfill placed from 300 ft. to 200 ft. Material Silica, Size 6x9, Explosives used: [] Yes

(6) CASING/LINER table with columns: Casing, Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd. Rows show casing details for diameters 8, 8, 8, 8.

Shoe [] Inside [] Outside [] Other Location of shoe(s), Temporary casing [] Yes Diameter, From, To

(7) PERFORATIONS/SCREENS: Perforations Method, Screens Type wire wrap, Material Stainless Steel

Table with columns: Perf, Scrn, Casing, Liner, Screen Dia, From, To, Screen slot width, Slot length, # of slots, Tele/pipe size. Rows show screen details for diameters 8, 8, 8, 8.

(8) WELL TESTS: Minimum testing time is 1 hour, [X] Pump, [] Bailer, [] Air, [] Flowing Artesian, Yield gal/min 300, Drawdown 125', Drill stem/Pump depth 261', Duration (hr) 24

Table with columns: From, To, Description, Amount, Units. Includes temperature 62 °F and water quality concerns.

(9) LOCATION OF WELL (legal description): County Union, Twp 45 N or S, Range 39 E or W, Sec 22 SW, 1/4 of the NE, 1/4 Tax Lot 1100, Street Address of Well 4th St. & 1st St.

(10) STATIC WATER LEVEL table with columns: Existing Well/Predeepening, Completed Well, Date, SWL (psi), SWL (ft). Row 1: Completed Well 9/4/14, SWL (ft) 5.

WATER BEARING ZONES table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Row 1: 8/4/14, 0, 195, 150, SWL (ft) 15.

(11) WELL LOG table with columns: Material, From, To, Ground Elevation. Lists materials like Silty Sand, Coars Gravel, etc. with elevations.

(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.

License Number, Date OCT 17 2014, 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.

License Number 1942, Date 9/22/14, Signed, Contact Info. (optional)