

STATE OF OREGON WATER SUPPLY WELL REPORT

UNIO 53114

WELL I.D. LABEL# L

102171

START CARD #

1078793

ORIGINAL LOG #

UNION 1227

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

5/27/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name ANDREW Last Name WHITE

Company MOUNTAIN VALLEY LLC

Address 60236 BUSHNELL RD

City LA GRANDE State OR Zip 97850

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger 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 _____ ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs

Seal placement method: A B C D E Other: _____ Backfill placed from _____ ft. to _____ ft. Material _____ Filter pack from _____ ft. to _____ ft. Material _____ Size _____ Explosives used: Type _____ Amount _____ Seal Placement Begin Date _____ Begin Time _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Table with columns: C/L, Dia, +, From, To, Gauge, Mat. Type, Wld, Thrd, Shoe, Location

Temp casing Yes Dia _____ From+ _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/ Pipe size

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

Table with columns: Type of Test, Yield (gal/min), Drawdown, Drill Stem/ Pump Depth, Duration (hr)

Temperature _____ °F Lab analysis Yes By _____ Water quality concerns? Yes (describe below) TDS amount _____ From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County UNION Twp 3.00 S N/S Range 39.00 E E/W WM

Sec 30 SW 1/4 of the NE 1/4 Tax Lot 7300

Tax Map Number _____ Lot _____

Lat _____ " or 45.27760145 DMS or DD

Long _____ " or -117.97868111 DMS or DD

Street address of well Nearest address

64904 AIRPORT LN, LA GRANDE OR 97850

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), +, SWL(ft)

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found _____

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft)

(11) WELL LOG

Ground Elevation 2698.80 FT

Table with columns: Material, From, To

Construction Begin Date 6/15/2024 Begin Time 08 00 End Date 6/15/2024

(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 _____ 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.

License Number 1984 Date 5/27/2026

Signed KURT MCCAULEY (E-filed)

Drilling Company: _____

