WALL 51181



WELL LABEL # L /11925

START CARD# 200578

| STATE OF OREGON          |  |  |
|--------------------------|--|--|
| WATER SUPPLY WELL REPORT |  |  |

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

| Instructions for completing this report are on the last page of this form.   | 1 c f 5  |
|--|--|
| (1) LAND OWNER Owner Well I.D. Well # 2  | (9) LOCATION OF WELL (legal description)   |
| First Name  Company  City of Walloya  Address 104 W. Pinz 1 P.O. Box 487   | County Wallowa Twp / Nor S Range 42 E or W W.M.  |
| Address OH W. Pine / P.O. BOX 487  | Sec 14 NE 1/4 of the NW 1/4 Tax Lot (NL42-14-BA-   |
| City Wallowa State Ov. Zip 97885   | Tax Map Number Lot 3700 + 3800   |
|  | Tax Map Number         Lot 3700 + 3800           Lat   |
| (2) TYPE OF WORK New Well Deepening Conversion   | Long DMS or DD   |
| Alteration (repair/recondition) Abandonment  | Street Address of Well (or nearest address) Third & Douglas  |
| (3) DRILL METHOD   | Street Address of Well (or nearest address) 112.70 + 113663145   |
| Rotary Air 🔀 Rotary Mud 🗌 Cable 🔲 Auger 🔲 Cable Mud  |  |
| Reverse Rotary Other   | (10) STATIC WATER LEVEL  |
| AND PROPERTY WAY A STATE OF THE | Date   SWL(psi)   +   SWL (ft)   |
| (4) PROPOSED USE  Domestic  Irrigation  Community  | Existing Well/Predeepening   |
| ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection ☐ Thermal ☐ Other Munitipe ( Suaplus  | Completed Well 9-19-13 101, 9  |
| Thermal Other Municipal Supply.  | Flowing Artesian? Yes Dry Hole? Yes  |
| (5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)   | WATER BEARING ZONES: Depth water was first found 354   |
| Depth of Completed Well _ \$ 70_ ft.   | BECEIVED BY OWRD.  |
| BORE HOLE SEAL   |  |
| Dia From To Material From To Amount State  | N/H  |
| 24 0 150 cement Grounds 0 2110 Fekst   | 0¢T 0 7 2d13   |
| 20 150, 350 cement Grown 750 0 270 50 KG   |  |
| 16 350 876   | SALEM OD   |
|  | (11) WELL LOG Ground Elevation   |
| How was seal placed: Method 🔲 A 💥 B 🔲 C 🔲 D 🔲 E  |  |
| Other  | Material From To Grave ( © 152   |
| Backfill placed from ft. to ft. Material   | Black Bysalt (MH) 152 156  |
| Filter pack from ft. to ft. Material Size  | Bru Bly Busalt Pourous 156 185   |
| Explosives used:  Yes Type Amount  | Tan Clay Seams From (MH)   |
| COMPASINGLINER   | Broken Brn, Blk, Basolt 185 192  |
| Csng Linr Dia, + From To Gauge Steel Plastic Welded Thrd   | Clay Seams (M)<br>BIK Frag. Busalt (MH) 192 195  |
| Y 26 6 0 150 375 X X   | Bone Broken Biesalt Brown Chy NO 207   |
| X, 16, 24 + 2 350, 375 X X   | Brn. Broken Biesaft Brown Chy (NO) 194 207<br>Brn. Visicalon Buself 15) 207 218  |
| X /2" 3345 345 375 X X   | BLK Frac, Bugalt (M5) 218 122  |
| 334.5 570  | BLK Basalt (VH) 222 235  |
|  | Red Bysult Bon Clay Stone LV51 240 260   |
| Shoe Inside Outside Other Location of shoc(s)  | Red Busylt Bun Clay Stone LVS1 246 260<br>Fractived Buk Biggett, white 260 267   |
|  | Row Clay Stone (V5)  |
|  | BLK Busalt (VH) 267 272  |
| (7) PERFORATIONS/SCREENS, Perforations Method 7000   | Date Started $\frac{5-1k-13}{2}$ Completed $\frac{9-12-13}{2}$   |
| 12   |  |
| Screens Type 304 Material 5tain 1855   | (unbonded) Water Well Constructor Certification  |
|  | I certify that the work I performed on the construction decipality abandonment of this well is in compliance with Oregon water supply well |
| Screen slot Slot # of pipe   | construction standards. Materials used and information reported above are true to  |
| Perf Scrn Csng Linr Dia From To width length slots size  | the best of my knowledge and belief.  DEC 1 3 2013   |
| V X /1" 354.5 334.5 6" /20<br>× /2" 277.5 390.5 /50  | License Number Date  |
| × /2" 390.5 530.5 6" 840   | Date   |
| × x /2" 530,9 539.5 6" 60  | SignedSALEM, OR  |
|  |  |
| (8) WELL TESTS: Minimum testing time is 1 hour  ☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian   | (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   |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)   | above. All work performed during this time is in compliance with Oregon water  |
| 1200 19.3' 286' 24   | supply well construction standards. This report is true to the best of my knowledge  |
|  | and belief.  |
| Temperature 5 or Lab analysis ☐ Yes By   | Signed Faut Hope   |
| Water quality concerns? Yes (describe below)   | 77 +11   |
| From To Description Amount Units   | Signed Faut Mapa   |
| Troni 10 Description Amount Units  | Contact Info. (optional)   |
|  |  |
|  |  |

#### STATE OF OREGON WATER SUPPLY WELL REPORT

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



| Instructions for completing this report are on the last page of this form.  | START CARD# ABC 5 / 5   |
|---|---|
| (1) LAND OWNER Owner Well I.D. 42/ #2   | (9) LOCATION OF WELL (legal description)  |
| First Name Last Name Company City of Wallowa  | County Wellowa Twp / Nors Range 42 Eor W W.M.   |
| Address JCH W Fine PO Box 487   | Sec /4 NE 1/4 of the NW 1/4 Tax Lot / 1/4 - 1/2 - 1/4 - 84  |
| City Wallowa State Or, Zip 97885  | Tax Map Number Lot 37cc + 38cc  |
| (2) TYPE OF WORK New Well Deepening Conversion  | Tax Map Number         Lot 37cc + 3 & cc           Lat         OMS or DD  |
| Alteration (repair/recondition)   | Long°' or DMS or DD   |
|   | Street Address of Well (or nearest address) Third + Douglas   |
| (3) DRILL METHOD  ☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud   |   |
| Reverse Rotary  | (10) STATIC WATER LEVEL   |
| ·   | Date   SWL(psi)   +   SWL (ft)  |
| (4) PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Community ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection | Existing Well/Predeepening  |
| ☐ Thermal ☐ Other Mini agra/ Supply   | Completed Well 9-19-13 /0/19  |
|   | Flowing Artesian?  Yes Dry Hole?  Yes   |
| (5) BORE HOLE CONSTRUCTION Special Standard:   Yes (attach copy)  | WATER BEARING ZONES Penth water was first found HECEIVED BY OWAD  |
| Depth of Completed Well <u>370</u> ft.  | SWL Date From To Est Flow SWL (psi) + SWL (ft)  |
| BORE HOLE SEAL  | OCT OF ODE  |
| Dia From To Material From To Amount Seks/lbs  | QCT 0 7 2013  |
|   |   |
|   | SALEM, OR   |
|   | (11) WELL LOG Ground Elevation  |
| How was seal placed: Method ☐ A 💆 B ☐ C ☐ D ☐ E   | Material From To  |
| Other  Backfill placed from ft. to ft. Material   | Broken Bosolt Claystone Moura sMS1272 277   |
| Filter pack from ft. to ft. Material Size   | BUK Baselt Brown baselt 177 297   |
| Explosives used: Yes Type Amount Amount   | Tan Slay seams (VH)<br>Red. Bry, BLK, broken basalt 297 333   |
|   | l'an claystone  |
| (6) CASING/LINER  Csng Linr   Dia   +   From   To   Gauge   Steel   Plastic   Welded   Thrd                       | BLK, BAK, besalt (VH) 333 336   |
| Csig Lili Dia i Holl 10 Gauge Steel Hastic Welded Hild  | Tan Clay Strong Bus oft Seam 336 340 Block Basalt (H) 340 354   |
|   | Black Besalt (H) 340 354<br>Brokey Besalt Fan Cleystere , 354, 362  |
|   | Porous (5) /120   |
|   | Broken baselt red Brown, 7an 365 390  |
|   | Claysterne Pourous H20 decomposed Roselt  |
| Shoe Inside Outside Other Location of shoe(s)   | 11 ( '5) 500 ( com  |
| Temporary casing Yes Diameter From To   | Tan Clay Stare, Drn. BLK 390 405<br>Broken Rescht, CMS  |
| (7) PERFORATIONS/SCREENS /  | Date Started 5-16-13 Completed 9-12-13  |
| Perforations Method 7 UNCH  |   |
| Screens Type 300/ Material Stairless  | (unbonded) Water Well Constructor Certification  I certify that the work I performed on the construction, deepening, alteration, or                           |
| Screen/ Tele/   |   |
| Screen Slot # of pipe   | abandonment of this well is in compliance with Oregon pater supply well own construction standards. Materials used and information reported above are true to |
| Perf Scm Csng Linr Dia From To width length slots size  | the best of my knowledge and belief.  |
| × × 12" 550.5 650,5 6" 600  | License Number DateDEC_13_2013  |
| × × 12" 650.5 654.5 6" 24   |   |
| × 121 (4521,5 (4145,5 150)  | SignedSALEM_OB  |
| (8) WELL TESTS: Minimum testing time is 1 hour  | (bonded) Water Well Constructor Certification   |
| Pump Bailer Air Flowing Artesian  | I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported        |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  | above. All work performed during this time is in compliance with Oregon water   |
| 1700 19.3 280 24  | supply well construction standards. This report is true to the best of my knowledge and belief.   |
|   |   |
| Temperature 5/ °F Lab analysis  Yes By  | License Number 1942 Date 10-1-13 Signed Frust Mivres  |
| Water quality concerns?  Yes (describe below)   | Signed Frank Himner   |
| From To Description Amount Units  | Contact Info. (optional)  |
|   | Comment (Optional)  |





WELL LABEL # L 111925

# STATE OF OREGON Chighing I water supply well report

|   | START CARD# 200578   |
|---|--|
|   | (9) LOCATION OF WELL (legal description)  County Color Twp Nors Range 22 Eor W. W.M.  Sec 14 NE 1/4 of the May 1/4 Tax Lot (N-4) 2-14-18 A   |
|   | Tax Map Number       Lot3200 + 3800         Lat       " or DMS or DD         Long       " or DMS or DD   |
|   | Street Address of Well (or nearest address)  |
|   | (10) STATIC WATER LEVEL  Date SWL(psi) + SWL (ft)  |
|   | Existing Weli/Predeepening  Completed Well  9-19-15  101.9   |
|   | Flowing Artesian? Yes Dry Hole? Yes WATER BEARING ZONES ECENTRA 1000 PM 1000 PM  |
|   | SWL Date   From   To   Est Flow   SWL (psi)   +   SWL (ft)   |
|   | 0CT 07 2013  |
| S | 301 0 250  |
| _ | SALEM, OR  |
|   | (11) WELL LOG Ground Elevation   |
|   | Material From To  Broken Bik, Brn Beselt 405 422  (MS) H2C  Roy Pik racture Baselt (MH) 422 450  Roy Pik racture Baselt (MH) 422 450  Roy Pik racture Baselt (MS) 485  Basalt layer Bik farmed Baselt  Red Cecomposed Baselt (VS) 528 540  Red Cecomposed Baselt (VS) 528 540  Red Cecomposed Baselt (VS) 658  Bik Baselt with frac Seame 560 605  Bik Baselt with frac Seame (S) 68 622  Bik Baselt with Frac Seame (MH) 622 653  Bik Baselt W Baselt (VS) 705  Red Cecomposed Baselt (VS) 705  Completed 5-16-13 Completed 5-12-13  (unbonded) Water Well Constructor Certification  I certify that the work I performed on the complete Seame Seame From the Construction standards. Materials used and information reported above are true to the best of my knowledge and belief. |
|   | License Number Date  |
|   | Signed SALEM, OR   |
|   | (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  1942  Date 10-1-13  |
|   | Signed Henry Hagren Contact Info. (optional)   |

| WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)   |                      |  |
|--|----------------------|--|
| Instructions for completing this report are on the last page of this form.  (1) LAND OWNER  First Name  Company  City  Of Light Company  City  C |                      |  |
| (2) TYPE OF WORK New Well Deepening Conversion  Alteration (repair/recondition) Abandonment  |                      |  |
| (3) DRILL METHOD  Rotary Air Rotary Mud Cable Auger Cable Mud  Other Other   |                      |  |
| (4) PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Community ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection ☐ Thermal ☐ Wether Manager Day (Seef) Day  | _                    |  |
| (5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach concepts of Completed Well 770 ft.  | ру)                  |  |
| BORE HOLE  Dia From To Material From To Amount Sch   | ks/lb                |  |
|  | _                    |  |
| Backfill placed fromft. toft. MaterialSize   | =                    |  |
| Temporary casing Yes Diameter From To (7) PERFORATIONS/SCREENS   | =                    |  |
| Screen slot Slot # of 1  | ele/<br>pipe<br>size |  |
| (8) WELL TESTS: Minimum testing time is 1 hour   Pump  |                      |  |
| Temperature  | _                    |  |

# STATE OF OREGON

|  | START C       | ARD#            | 10057                      | 8                      |
|--|---------------|-----------------|----------------------------|------------------------|
|  |               |                 | Lof F                      |                        |
| (9) LOCATION OF  | ZTwp_         | N or S          | Range 42                   | _ E or W. W.M.         |
| Sec /4 // //   |               | e <b>N</b> W 1  | /4 Tax Lot / 1/2-          | 42-14-BA               |
| Tax Map Number   |               |                 | Lot <u>3200</u>            |                        |
|  |               | or              |                            | DMS or DD<br>DMS or DD |
| '  |               |                 |                            |                        |
| Street Address of Well   | or nearest a  | ddress)         | aird d                     | Houghas                |
| (10) STATIC WAT  | ER LEVE       |                 | SWL(psi)   +               | SWL (ft)               |
| Existing Well/Predeep  | ening         |                 | (J)                        | (-)                    |
| Completed Well   | 9             | 19-13           |                            | 101.9                  |
| WATER BEARING.   | lowing Arte   | sian? TYes      | Dry Hole?  was first found | Yes                    |
| SWL Date   From  | То            | RECEIV          | ʹĘϦͺΒϒͺϘʹ                  | VRD<br>SWL (ft)        |
|  |               | Dot 1 10 W      | 5 W 2 (ps.)                | 5 11 <u>5</u> (11)     |
|  |               | nc nc           | 0 7 2018                   |                        |
|  |               | - 00            | 0 1 2010                   |                        |
|  |               |                 |                            |                        |
| (11) WELL LOC  |               |                 | ALEM, OR                   |                        |
| (11) WELL LOG  |               | round Elevatio  |                            |                        |
| Materia<br>Fractures G   |               |                 | From                       | To                     |
| Fracture Bh  |               |                 | 717                        | 741                    |
| 1/2/ 0   | 259/1         | 74)             | 741                        | 755                    |
| Tan Clay Stone   | weat          | hoved           | 755                        | 761                    |
| (3)  | n Red         | BLK (M          | 15)                        | 220                    |
| Sec me h   | alt, 19       | n Claysy        | one 761                    | 179                    |
| Black Ro   | satt          | (H)             | 779                        | 783                    |
| Rec Bun w  | eathe         | nd Pou          | vas 783                    | 790                    |
| Fro C Tuck of  | 16 Y          | on Bas          | (att 791)                  | 900                    |
| Clay Sears (   | <i>いせつ</i>    |                 |                            | . ,2                   |
| Tan Clayston   |               |                 | Brn 800                    | 812                    |
| Some 93 8  | n Clay S      | Pane Po         | ) 812                      | 921                    |
|  | Bosalt (      | msi             | 821                        | 832                    |
| Date Started 5-7   | 16-13         | Completed       | 9-12-                      | -/3                    |
| (unbonded) Water We  | l Construct   | or Certificatio | n                          | g alteration or        |
| I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Example ByelOWRD construction standards. Materials used and information reported above are true to |               |                 |                            |                        |
| the best of my knowledge   | e and belief. |                 |                            |                        |
| License Number   |               | Date            | DEC 13                     | 2013                   |
| Signed   |               |                 | SALEM                      |                        |
| (bonded) Water Well C  |               |                 |                            |                        |
| I accept responsibilit   |               |                 |                            |                        |
| abandonment work perform   |               |                 |                            |                        |
| 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   | 142           | Date            | 10-1-                      | -13                    |
| License Number 16  | Hiv           | ren             | -                          |                        |

| STATE OF OREGON WATER SUPPLY WELL REPORT   | WELL LABEL # L 111925  |
|--|--|
| (as required by ORS 537.765 & OAR 690-205-0210)  |  |
|  | START CARD# 200578   |
| Instructions for completing this report are on the last page of this form.  (1) LAND OWNER  Owner Well I.D. Well # 2 | 4015   |
| First Name Last Name   | (9) LOCATION OF WELL (legal description)   |
| First Name Company City of U.C. Locus  | County Wallow Twp Nor S Range 42 E or W.W.   |
| Address 164 W Ring 18,0,180x 487 City La La La State OR Zip Q-7885   | Sec /4   |
|  | Tax Map Number       Lot 3200 ← 3300         Lat       °       "or       DMS or DI   |
| (2) TYPE OF WORK New Well Deepening Conversion   | Long° "or DMS or DI  |
| Alteration (repair/recondition) Abandonment  | Street Address of Well (or nearest address) This de de Docala  |
| (3) DRILL METHOD   | Street Address of Well (or hearest address)  |
| Rotary Air Rotary Mud Cable Auger Cable Mud  |  |
| Reverse Rotary Other   | (10) STATIC WATER LEVEL  |
| (4) PROPOSED USE Domestic Irrigation Community   | Date SWL(psi) + SWL (ft)  Existing Well/Predeepening   |
| ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection   |  |
| Thermal Other Meenic Pul Scaply  | Completed Well 9-9-/3 Dry Hole? Yes  |
| (5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)   | WATER BEARING ZONES Depth water was first found  |
| Depth of Completed Well 870 ft.  | SWL Date   From   To   BECCEIVED BY OWED (ft)  |
| BORE HOLE SEAL   | SWL Date From 10 Estribw SWL (BSI) + SWL (II)  |
| Dia From To Material From To Amount Scks/lbs   | 00 7 2018  |
|  | 00 0 200   |
|  |  |
|  | SALEM, OR  |
| How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E  | (11) WELL LOG Ground Elevation   |
| Other  | Material From To Fractures Gray Baself (MH) 716 727  |
| Backfill placed from ft. to ft. Material   | Fracture BLK Boselt (H) 727 741  |
| Filter pack fromft. toft. MaterialSize   | 134K, Brn. Baselt (H) 741 755  |
| Explosives used: Yes Type Amount   | Jan Clay Stone weathered 755 761<br>Basalt Bon, Red BLK (M5)   |
| (6) CASING/LINER   | BIK Hare Bosalt, Idn Claystone 761 778   |
| Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd  | Secms In HI  |
|  | Black Resaft (H) 779 783<br>Rec Bun, weatherd Pourus 783 790   |
|  | 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
|  | Fractured BLK Bry Basat 790 800<br>Clay sears (VH)   |
|  | Tan Claystone Broken Red Brn 800 812   |
| Shoe Inside Outside Other Location of shoe(s)  | Basalt green clay seems pourous  |
| Temporary casing Yes Diameter From To  | Same 4's 800 to 912/H20) 812 821<br>Broken Red Bogat (M.S.) 821 832  |
| (7) PERFORATIONS/SCREENS   |  |
| Perforation's Method   | Date Started 3-/6-13 Completed 9-/2-/3   |
| Screens Type Material  | (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 BEGE BANDIBE OWR     |
| Screen slot Slot # of pipe   | construction standards. Materials used and information reported above are true to  |
| Perf Scm Csng Linr Dia From To width length slots size   | the best of my knowledge and belief.   |
| 77 4 809.5 820.5 150   | License Number DateDEC 1 3 2013  |
| X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |
| X X 121 840 860 6" 120   | SignedSALEM, OR  |
| (8) WELL TESTS: Minimum testing time is 1 hour   | (bonded) Water Well Constructor Certification  |
| Pump Bailer Air Flowing Artesian   | I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)   | above. All work performed during this time is in compliance with Oregon water  |
| 1200 19.3 280 24   | supply well construction standards. This report is true to the best of my knowledge and belief.  |
|  |  |
| Temperature 57 °F Lab analysis  Yes By   | Signed Frust Horrer Date 10-[-13]  |
| Water quality concerns?  Yes (describe below)  | Signed Frust Horrer  |
| From To Description Amount Units   | Contact Info. (optional)   |
|  |  |



WELL LABEL # L 111925

#### STATE OF OREGON WATER SUPPLY WELL REPORT

| (as required by ORS 537.765 & OAR 690-205-0210)  | START CARD# 200573  |
|--|---|
| Instructions for completing this report are on the last page of this form.   | F P 5   |
| (1) LAND OWNER Owner Well I.D. Liel # 7 First Name Last Name   | (9) EOCATION OF WELL (legal description)  |
| Company City of Licilona Address/041 4, Plus Por Sax 487   | County LCIC WQ Twp / Nor S Range 42 E or W W.N  |
| City Westown State CR. Zip 97885   | Sec /4 NE 1/4 of the N(4) 1/4 Tax Lot /N-47-/484  |
|  | Lot. 300 P. DMS or DE   |
| (2) TYPE OF WORK New Well □ Deepening □ Conversion □ Alteration (repair/recondition) □ Abandonment   | Tax Map Number Lot 3700 + 3800 Lat "or DMS or DE Long "or DMS or DE   |
| (3) DRILL METHOD   | Street Address of Well (or nearest address) Think a Douglas   |
| Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other   | (10) STATIC WATER LEVEL   |
| (4) PROPOSED USE Domestic Irrigation Community   | Date SWL(psi) + SWL (ft)  |
| ☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection   | Existing Well/Predeepening  |
| Thermal Other Minacepal Supply   | Completed Well  Flowing Artesian? Yes Dry Hole? Yes   |
| (5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach cop   |   |
| Depth of Completed Well 876 ft.  | RECEIVED BY OWRD  |
|  | SWL Date From To Est Flow SWL (psi) + SWL (ft)  |
| BORE HOLE SEAL  Dia From To Material From To Amount Scks.  | 1bs 0.0 T 0.040   |
|  | 007 <b>0 7</b> 2013   |
|  |   |
|  | SALEM, OR   |
| How was seal placed: Method A B C D E  | (11) WELL LOG Ground Elevation  |
| Other  | Material From To  |
| Backfill placed from ft. to ft. Material   | Broke Basalt white clay 832 845<br>Seams Dougus (VS)  |
| Filter pack from ft. to ft. Material Size  | BLK Bosalt /H) 845 852  |
| Explosives used:  Yes Type Amount  | BLK Frantines Rec 852 862   |
| CONTROL OF THE PROPERTY OF THE | BLK RUSCIF (V Hard) 862 872   |
| Csng Linr Dia 1+ From To Gauge Steel Plastic Welded Thr  | BLK Busa TF (V Hard) 862 872  |
| 86° 870 375 X  | RECEIVED BY OWRD  |
|  | TEOLIVED DI OTTIO   |
|  | 7.70.1.0.0012   |
|  |   |
|  |   |
| Shoe Inside Outside Other Location of shoe(s)  | SALEM, OR   |
| Temporary casing Yes Diameter From To  | -   |
| (7) PERFORATIONS/SCREENS Perforations Method   | Date Started 5-16-13 Completed 9-12-13  |
| Screens Type Material  | (unbonded) Water Well Constructor Certification   |
|  | I certify that the work I performed on the construction, deepening, alteration, c abandonment of this well is in compliance with Oregon water supply well |
| Screen   Slot   # of   pi  |   |
| Perf Scrn Csng Linr Dia From To width length slots size  | the best of my knowledge and belief.  |
|  | License Number Date   |
|  | Signed  |
|  |   |
| (8) WELL TESTS: Minimum testing time is 1 hour  ☑ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian   | (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  |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  1200 / 9.3 280 24  | above. All work performed during this time is in compliance with Oregon water   |
| 1,200 /1.0   | <ul> <li>supply well construction standards. This report is true to the best of my knowledg</li> <li>and belief.</li> </ul>                               |
|  |   |
| Temperature 51 °F Lab analysis  Yes By   | License Number $1942$ Date $10-13$  |
| Water quality concerns?  Yes (describe below)  | Signed First House  |
| From To Description Amount Units   | Contact Info. (optional)  |