

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 64546

START CARD # 164221

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

(1) LAND OWNER Well Number _____
 Name SUGG ORCHARDS
 Address 2445 8MILE RD
 City THE DALLES State OR Zip 97058

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

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 362 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>8"</u>	<u>281</u>	<u>362</u>	<u>SEE 12</u>	<u>SEAL</u>	<u>NOT</u>	<u>DISTURBED</u>

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>570+</u>		<u>FLOWING</u>	<u>1 hr.</u>

Temperature of water 60°F Depth Artesian Flow Found Existing
 Was a water analysis done? Yes By whom _____ Well _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Wasco Latitude _____ Longitude _____
 Township 1S N or S Range 14E E or W. WM.
 Section 3 SE 1/4 NE 1/4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
2550 Fax Rd. The Dalles, Or 97058

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure 130 lb. per square inch Date 4-13-04

(11) WATER BEARING ZONES:
 Depth at which water was first found Existing well flowing

From	To	Estimated Flow Rate	SWL
	<u>286</u>	<u>400 GPM</u>	<u>Flowing</u>
<u>281</u>	<u>326</u>	<u>170 GPM</u>	<u>130#</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Cleaned out	<u>0</u>	<u>281</u>	<u>Flowing</u>
Existing 10" well-seal was undisturbed.			<u>130#</u>
Wasc# 003456			
DEEPEENING:			
Gry blk basalt	<u>281</u>	<u>290</u>	<u>Flowing</u>
Green claystone w/gry basalt.	<u>290</u>	<u>300</u>	
Gry blk basalt frac	<u>300</u>	<u>315</u>	
Gry blk basalt w/claystone	<u>315</u>	<u>318</u>	
Green claystone	<u>318</u>	<u>326</u>	<u>Flowing</u>
Hard gry basalt	<u>326</u>	<u>362</u>	<u>130#</u>

RECEIVED

APR 27 2004

 WATER RESOURCES DEPT
 SALEM, OREGON

Date started 4-6-04 Completed 4-13-04

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.
 Signed Mal Bigsby WWC Number 1492 Date 4/20/04

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.
 Signed [Signature] WWC Number 573 Date 4/26/04