

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 88270
 START CARD # 187470

(1) LAND OWNER Owner Well I.D. Miller #2

First Name Bill Last Name Miller
 Company C/O Cherry Blossom Orchards, LLC
 Address 3551 Old Dufur Rd.
 City The Dalles State OR Zip 97058

(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 1,352 ft.

BORE HOLE			SEAL			Amt	lbs	sacks/
Dia	From	To	Material	From	To			
30	0	9	Cement / Bent.	0	9	16	S	
20	9	60	Cement / Bent.	0	60	95	S	
16	60	590	Cement / Bent.	0	590	400	S	
12	590	1,040						

How was seal placed: 1,352 Method A B C D E
 Other

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"/>	24		0	9	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	20		0	60	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	1	590	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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/ Screen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ 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)
 600+ _____ 600 1+
 500+ _____ 500 1+

Temperature 65 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Depth Units

(9) LOCATION OF WELL (legal description)

County WASC Twp 1 S N/S Range 14 E E/W WM
 Sec 17 NE 1/4 of the NW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' _____ " or _____ DMS or DD
 Long _____ ° 0 ' _____ " or _____ DMS or DD
 Street address of well Nearest address

Boyd Loop Rd., Dufur, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07-27-2007	40	<input checked="" type="checkbox"/> 92.4

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 40

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-19-2006	40	55	5		10
06-21-2006	185	195	10		126
06-24-2006	340	360	75		153
06-28-2006	440	562	200		316
07-27-2007	730	1,030	600+	40	<input checked="" type="checkbox"/> 92.4

(11) WELL LOG

Ground Elevation _____

Material	From	To
Rock Fill (drill pad)	0	3
Brown sandy soil, cement, sand & gravel	3	9
Tan clay occ. rock fragments	9	40
Brown sandstone, occ. cobbles	40	55
Black, gray-black basalt, occ. claystone	55	185
Brown basalt, interbed, pink clay	185	195
Gray-black basalt, occ. brown basalt	195	340
Gray-brown basalt, broken, interbeds	340	360
Gray-black, gray-brown basalt, occ. lava	360	440
Black, gray-black basalt, glassy lava	440	562
Gray-black basalt, hard	562	730
Black basalt & lava, broken	730	738
Gray-black basalt, hard, occ. fractures	738	926
Black basalt & lava, broken	926	929
Gray-black basalt, occ. black basalt, occ. claystone	929	1,020
Black basalt & lava, fractures	1,020	1,030
Gray-black basalt, hard, occ. lava streaks	1,030	1,352

Date Started 06-01-2006 Completed 07-27-2007

(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 _____
 Password: (if filing electronically) _____
 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 573 Date 07-30-2007
 Password: (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

RECEIVED

AUG 01 2007