

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

03-20-2008

WELL LABEL # L 78918

START CARD # 1002583

(1) LAND OWNER Owner Well I.D. _____

First Name ROCK Last Name WEBB
Company
Address 3825 CHERRY HEIGHTS ROAD
City THE DALLES State OR Zip 97058

(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 [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 315.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs. Includes rows for Cement and other materials.

How was seal placed: Method [X] 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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for different casing materials.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 124

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/S Casing/ Screen Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Table with columns: Perf/S, Casing, Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes row with values 120, 314, 1.

Temperature 58 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Wasco Twp 2.00 N N/S Range 13.00 E E/W WM
Sec 20 SW 1/4 of the NE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
[] Street address of well [X] Nearest address

ACROSS FROM 4405 HWY 30 WEST THE DALLES OR 97058

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Includes rows for Existing Well / Predeepening and Completed Well (02-25-2008, 194).

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 22

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes rows for 12-20-2007 and 02-25-2008.

(11) WELL LOG

Table with columns: Material, From, To. Lists various soil and rock types like SOIL, ROCK BROKEN, SAND, etc.

Date Started 12-17-2007 Completed 02-25-2008

(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 _____
Electronically Filed
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 790 Date 03-20-2008
Electronically Filed
Signed CHARLES W AUSTIN (E-filed)
Contact Info (optional)