

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-20-2008

WELL LABEL # L 78919

START CARD # 185217

(1) LAND OWNER

Owner Well I.D. _____

First Name BOB Last Name BAILEY

Company ORCHARD VIEW FARMS INC.

Address 4055 SKYLINE 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 604.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows show cement seal details for different depths.

How was seal placed: Method [X] A [] B [X] 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. Shows casing and liner details.

Shoe [X] Inside [X] Outside [] Other Location of shoe(s) 456

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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 [] Air [X] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 3,000, 1, 1.

Temperature 59 °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 1.00 S N/S Range 14.00 E E/W WM

Sec 17 NE 1/4 of the SW 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[] Street address of well [X] Nearest address

66168 BOYD LOOP RD. BOYD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows for Existing Well / Predeepening and Completed Well (05-15-2008, 99, 228.7).

Flowing Artesian? [X] Dry Hole? []

WATER BEARING ZONES Depth water was first found 143

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows show water bearing zones data.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Lists well log materials from SOIL to BASALT HARD BLK.

Date Started 03-05-2008 Completed 05-15-2008

(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.

License Number 1790 Date 05-20-2008

Electronically Filed

Signed DOUGLAS C AUSTIN (E-filed)

(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.

License Number 790 Date 05-20-2008

Electronically Filed

Signed CHARLES W AUSTIN (E-filed)

Contact Info (optional)

