

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-03-2010

WELL LABEL # L 98281

START CARD # 1009653

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

First Name _____ Last Name _____
Company ORCHARD VIEW FARMS
Address 4055 SKYLINE ROAD
City THE DALLES State OR Zip 97058

(2) TYPE OF WORK [] New Well [] Deepening [] Conversion
[X] 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 160.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, lbs, sacks/

How was seal placed: Method [] 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 _____

Table for (6) CASING/LINER with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

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

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Table for perforations 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

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 55 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table for water quality with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Wasco Twp 1.00 S N/S Range 13.00 E E/W WM
Sec 34 NE 1/4 of the SW 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

DUFUR VALLEY ROAD DUFUR OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table for static water level with columns: Existing Well / Predeepening, Completed Well

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found

Table for water bearing zones with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation _____

Table for well log with columns: Material, From, To

Date Started 03-16-2010 Completed 04-10-2010

(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 05-03-2010

Electronically Filed

Signed CHARLES W AUSTIN (E-filed)

Contact Info (optional)

