

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

08-29-2010

WELL LABEL # L 98282

START CARD # 1009885

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

First Name BILL Last Name REEVES
Company ROSEDALE FRUIT FARM LLC
Address 1250 STATE ROAD
City MOSIER State OR Zip 97040

(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 675.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Cement from 0 to 43 and 43 to 460.

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. Rows show 14 and 10 inch diameters.

Shoe [] Inside [X] Outside [] Other Location of shoe(s) 460

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 [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 200, 674, 1.

Temperature 65 °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 12.00 E E/W WM
Sec 7 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [] Nearest address

1250 STATE ROAD MOSIER OR 97040

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows for Existing Well / Predeepening and Completed Well (07-31-2010, 373).

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 405

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows for 07-31-2010 (405-427, 393) and 07-27-2010 (670-675, 373).

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Lists soil types from SOIL to BASALT MED HARD BLACK.

Date Started 04-16-2010 Completed 07-31-2010

(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.

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.

License Number 790 Date 08-29-2010
Electronically Filed
Signed CHARLES W AUSTIN (E-filed)
Contact Info (optional)

