

(1) LAND OWNER Owner Well I.D. _____
 First Name ROBERT Last Name NETTINGA
 Company _____
 Address P O BOX 911
 City PRAIRIE CITY State OR Zip 97869

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:

Material	From	To	Amt	sacks/lbs				

 Seal:

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(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 439.00 ft.
BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
10	0	18	Bentonite Chips	0	18	12	S
6	18	439					

How was seal placed: Method A B C D E
 Other POURED & TAGGED
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+ From To Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/> 2 23 .025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/> 12 439 .188	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Scrn/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)
30		435	1

 Temperature 59 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County GRANT Twp 12.00 S N/S Range 34.00 E E/W WM
 Sec 34 NW 1/4 of the SW 1/4 Tax Lot 1703
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.48225000 DMS or DD
 Long _____ " or -118.61261111 DMS or DD
 Street address of well Nearest address
END OF OLD BATES ROAD, PRAIRIE CITY, OR 97869

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	6/28/2012			306

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 410.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/28/2012	410	439	30			306

(11) WELL LOG Ground Elevation _____

Material	From	To
brown top soil	0	1
black sandy clay	1	15
black shale	15	36
red clay	36	40
black shale & red clay	40	439

Date Started 6/8/2012 Complete 6/28/2012

(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 1896 Date 7/24/2012
 Signed TONY HACKETT (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. 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 1899 Date 7/24/2012
 Signed SAM P KINGREY (E-filed)
 Contact Info (optional) _____