STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form

UMAT 53456

WELL ID # L30447

(START CARD) # 102052

(1) OWNER:

Well Number: #5

Name CTUIR

Address P.O. BOX 638

City PENDLETON State OR Zip 97801

(2) TYPE OF WORK:

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[ ] Domestic [ ] Community [ ] Industrial [X] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [X] Yes [ ] No Depth of Completed Well 975 ft.

Explosives used [ ] Yes [X] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
22"	0	151	Cement Grout	0	151	6+ cu. yds.
17 5/8	151	776	Cement Grout	151	776	33.5+ cu. yds
11 7/8"	776	894				
11 5/8"	894	975				

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[ ] Other

Backfill placed from ft. to ft. Material

Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	20"	+1	147	.250	[X]	[ ]	[X]	[ ]
	14"	+1.5	502	.375	[X]	[ ]	[X]	[ ]
	12"	502	776	.375	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	10"	752	975	.365	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method Factory Slotted

[X] Screens Type 304 Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
775	790	3/16"		10"	pipe	[ ]	[X]
790	820	.150	screen	10"	pipe	[ ]	[X]
820	945	3/16"		10"	pipe	[ ]	[X]
945	955	.150	screen	10"	pipe	[ ]	[X]
955	965	3/16"		10"	pipe	[ ]	[X]
965	975	.150	screen	10"	pipe	[ ]	X

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

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

Yield gal/min	Drawdown	Drill stem at	Time
0			
900	35'		24 hr.

Temperature of Water 74° Depth Artesian Flow found 784'

Was a water analysis done? [X] Yes By whom Coffey Labs

Did any strata contain water not suitable for intended use? [ ] Too little

[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [ ] Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Umatilla Latitude Longitude

Township 2N N or S. Range 33E E or W. of WM.

Section 15 NW ¼ SE ¼

Tax Lot N/A Lot Block Subdivision

Street Address of Well (or nearest address)

Next to RV Park, Wildhorse Gaming Resort

(10) STATIC WATER LEVEL:

62.5 ft. below land surface. Date 5/2/99

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 67

From	To	Estimated Flow Rate	SWL
67	93	10	51
93	115	75+	51
115	125	75+	51
228	238	150	51

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Sandy top Soil	0	4	
Caliche	4	9	
Gravels & Cobbles	9	12	
Semi Cemented Gravels	12	30	
Red Clay (some gravels)	30	50	
Brown Clay - very sticky	50	67	
Brown Clay 1st moisture WB	67	93	51
Brown Conglomerate WB	93	115	51
Large Gravels (Semi Consolidated)	115	125	51
Small Gravels WB	125	130	51
See next line	130	134	51
Transition zone Gravels to Brown Rock			
Broken Brown Basalt	134	143	51
Brown Basalt medium soft	143	155	51
Brown Conglomerate	155	162	51
Gravels small 1/4" minus	162	168	51
Brown Basalt with Conglomerate	168	189	51
Brown Conglomerate	189	211	51
Black Basalt with Olivine	211	228	51
Black Basalt Fractured WB	228	238	51
Black Basalt medium hard	238	256	51
Black Basalt Medium Fractured WB	256	259	51
Black Basalt some Blue Clay	259	306	51
Brown Basalt Medium Soft	306	311	51
Continued on next page			

Date started 1/12/99 Completed 5/3/99

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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 my best knowledge and belief.

WWC Number

Signed Date

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

WWC Number 1385

Signed Robert Bucker Date 6-7-99

Western Water Development Corporation

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form

UMAT 53456

WELL ID # _____
(START CARD) # 102052

(1) OWNER:
Well Number: _____
Name CTUIR
Address _____
City _____ State ___ Zip _____

(2) TYPE OF WORK:
☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of Water _____ Depth Artesian Flow found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 2N N or S. Range 33E E or W. of WM.
Section 15 ¼ ¼
Tax Lot N/A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 67'

From	To	Estimated Flow Rate	SWL
256'	259'	75+	51'
401'	406'	100+	51'
639'	658'	400+	51'
721'	727'	1000+	51'

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Black Basalt Medium	311	373	51
Fractured Black, Brown & Blue	373	376	51
Black Basalt Hard	376	401	51
Black, Brown & Broken WB	401	406	51
Black Basalt Medium	406	456	51
Black Basalt Hard	456	475	51
Black Basalt Fractured Blue Clay	475	478	51
Black Basalt some green	478	553	51
Brown Conglomerate Broken	553	559	51
See next line	559	563	51
Black Basalt Hard (Blue Green Clay)			
Black Basalt & Green Claystone	563	582	51
Black Basalt Hard	582	585	51
Fractured Zone WB	585	603	51
Black Basalt Very Hard	603	639	51
Black Basalt Fractured WB	639	658	51
Black Basalt Medium Fractured	658	670	51
Black Basalt Hard	670	701	51
Black Basalt with Blue & Green Clay	701	710	51
Black Basalt	710	721	51
Broken Basalt with Blue Clay WB	721	727	51
Balck Basalt Hard	727	752	51
Black & Brown Fractured Basalt	752	769	51
Hard Black Basalt	769	776	51
Continued on next page			

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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 my best knowledge and belief.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
WWC Number 1385
Signed _____ Date _____
Western Water Development Corporation

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
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UMAT 53456

WELL ID # _____
(START CARD) # 102052
Page 3

(1) OWNER: Well Number: _____
Name CTUIR
Address _____
City _____ State ___ Zip _____

(2) TYPE OF WORK:
☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well _____ ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of Water _____ Depth Artesian Flow found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 2N N or S. Range 33E E or W. of WM.
Section 15 _____ ¼ _____ ¼
Tax Lot N/A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 67'

From	To	Estimated Flow Rate	SWL
784'	786'	35+	58'
789'	797'	300+	58'
810'	819'	300+	58'
946'	953'	1000+	60'

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Black Basalt	775	784	
Broken Black Basalt WB	784	786	58
Black Basalt	786	789	58
Broken Black Basalt & Ash WB	789	797	58
Black & Brown Basalt	797	810	58
Broken Black Basalt / Green WB	810	819	58
Black Basalt	819	826	58
Hard Broken Black Basalt	826	838	58
Reddish Purple Volcanic	838	845	58
Medium Hard Black Basalt	845	849	58
Reddish Purple Volcanic	849	854	58
Medium Hard Gray Basalt	854	864	58
Gray & Black Basalt w Green	864	869	58
Broken Black, Green & Red Basalt	869	874	58
Broken Black Basalt w Green & Red	874	886	58
Hard Black Basalt	886	888	58
Medium Brown & Black Basalt	888	896	58
Broken Black Basalt w Green & Red	896	907	58
Hard Black Basalt	907	919	58
Medium Broken Black Basalt	919	938	58
Hard Black Basalt	938	946	58
Broken Brown & Black Basalt WB	946	953	61
Fractured Black Basalt	953	957	61
Hard Black Basalt	957	963	61
Continued on next page			

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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 my best knowledge and belief.

WWC Number _____
Signed _____ Date _____

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WWC Number 1385
Signed _____ Date _____
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UMAT 53456

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WELL ID # ______

(START CARD) # 102052

(1) OWNER:
Well Number: ______
Name CTUIR
Address ______
City ______ State ___ Zip ______

(2) TYPE OF WORK:
☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other ______

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other ______

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well ______ ft.
Explosives used ☐ Yes ☐ No Type ______ Amount ______

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other ______
Backfill placed from ______ ft. to ______ ft. Material ______
Gravel placed from ______ ft. to ______ ft. Size of gravel ______

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ______

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ______
☐ Screens Type ______ Material ______

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of Water ______ Depth Artesian Flow found ______
Was a water analysis done? ☐ Yes By whom ______
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ______
Depth of strata: ______

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude ______ Longitude ______
Township 2N N or S. Range 33E E or W. of WM.
Section 15 ______ ¼ ______ ¼
Tax Lot N/A Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) ______

(10) STATIC WATER LEVEL:
______ ft. below land surface. Date ______
Artesian pressure ______ lb. per square inch. Date ______

(11) WATER BEARING ZONES:
Depth at which water was first found 67'

From	To	Estimated Flow Rate	SWL
963'	965'	1000+	61'
971'	973'	1000+	62½'

(12) WELL LOG:
Ground elevation ______

Material	From	To	SWL
Broken Black Basalt WB	963	965	62
Hard Black Basalt	965	971	62
Broken Black Basalt WB	971	973	62.5
Hard Black Basalt	973	975	62.5

Date started ______ Completed ______

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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 my best knowledge and belief.

WWC Number ______
Signed ______ Date ______

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

WWC Number 1385
Signed ______ Date ______
Western Water Development Corporation