The Original and COO STAT - 1 AWATER WE	SERVATION WELL ELL BEPORT 6 5408 State Well No. 6	12-2	ar(1) Agg
First Copy with the STATE ENGINEER SALEM, OREGON GONTATE OF	FOREGON A-6-2608 State Permit No.	3422 308 ca	NC.
(1) OWNER: Name Lelcoy Inc. Address F.O. Box 70- Bend, Ors.	(11) WELL TESTS: Drawdown is amount to lowered below static let Was a pump test made? Types No If yes, by whom Yield: 3,000 gal./min. with 1/65 ft. drawdow	water level vel nt Sid 1	l is
(2) LOCATION OF WELL: County Crook Owner's number, if any— SE 4 SE 4 Section 25 T. 20 S R. 22 E W.M.	Batler test gal./min. with ft. drawdow Artesian flow g.p.m. Date	n after	hrs.
Bearing and distance from section or subdivision corner located 158 W.5W of S.E. corner of sec. 25. T.20S., R.22E., W.M.	(12) WELL LOG: Diameter of well Depth drilled 50 ft. Depth of completed w	18 eu 5	inches.
	Formation: Describe by color, character, size of materia show thickness of aquifers and the kind and nature of stratum penetrated, with at least one entry for each c	l and stru he materi hange of	cture, and al in each formation.
	MATERIAL	FROM	TO
(3) TYPE OF WORK (check):	Silt laom soil	0.0	3.0
New Well Despening Reconditioning Abandon Laberdonment, describe material and procedure in Rem 11.	Unconsolidated valley fill Peoble	3.0	34.0
	to silt size fragments of Basalt, Opal and associatedy volcanics.		
(4) PROPOSED USE (check): (5) TYPE OF WELL:	Basalt- vesicular	34.0	50.0
Domestic Industrial Municipal Rotary Driven Cable Gable Jetted Irrigation Test Well Other Dug Bored			 ·
(6) CASING INSTALLED: Thresded Welded 1/4 18 "Diam from 0 ft to 12 6 ft Gage			
"Diam from ft. to ft. Gage			
"Diam, from			
(7) PERFORATIONS: Perforated? ☐ Yes 🖔 No			
SIZE of perforations in. by in.			
perforations from ft. to ft.			
perforations fromft. toft.			
perforations fromft toft.			
perforations fromft. toft.			
(8) SCREENS: Well screen installed			
Type Model No.			
Slot size Set from ft. to ft.			
Stot size	Work started June 10 1859. Completed June	ne 13	1959
(9) CONSTRUCTION:	(13) PUMP:		
Was well gravel packed? [] Yes [] No Size of gravel:	Manufacturer's Name		Name of State of States
Gravel placed fromft toft.	Type:	g.p	
Was a surface seal provided? ☐ Yes 💆 No To what depth?	Well Driller's Statement:		-
Did any strata contain unusable water? Yes X No		and this	report is
Type of water! SOF+ Depth of strata 311-50	This well was drilled under my jurisdiction a true to the best of my knowledge and belief. Fra:	nk Ski	llings
Method of sealing strata off	NAME (Person, firm, or corporation)	M	71
(10) WATER LEVELS:	Address Silver Jake Ore.	y= or pre	
Static level 11.6 ft. pelow land surface Date June 12.59 Artesian pressure iba per square inch Date			
	Driller's well number	#144 644 44 045 04	**************************************
Log Accepted by:	[Signed] (Well Driller)		*******
[Signed]	License No. 211 Date June	13	19_59
	1011500		-,

CROD 53093

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

F-5		
•	WELL LABEL # L	83211
	START CARD#	185142

(I) LAND OWNER Owner Well I.D	(9) LOCATION OF WELL (legal description)			
First Name Last Name	County CROOK Two 20 N N/S Range 22 E E/W WM			
Company GI Ranch	Sec 27 SE 1/4 of the NW 1/4 Tex Lot 1000			
Address 162624 Listor Rd	Tax Map Number Lot			
City Paulins State OR Zip 97751	Let 43 . 48, 244 Nor			
	Long 120° OH 10210° DMS or DD			
(2) TYPE OF WORK X New Well Deepening Conversion	,			
Alteration (repair/recondition) Abandonment	Street address of well (Negrest address			
A DRUIT METION	GI Ranch Rd			
(3) DRILL METHOD Rotary Air Rotary Mud X Cable Auger Cable Mud				
	(10) STATIC WATER LEVEL Date SWL(rai) + SWL(ri)			
Roverse Rotary Other	Date SWL(psi) + SWL(ft) Bristing Well / Predesponing			
(4) PROPOSED USE Domestic X Irrigation Community	Completed Well 06-01-2006 X 32			
Industrial/ Commericial Livestock Dewstering	Flowing Artesian? Dry Hole?			
Thermal Injection Other				
	WATER BEARING ZONES Depth water was first found 45			
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)				
Depth of Completed Well 400 ft.	D6-01-2006 45 400 1,000 32			
BORE HOLE SEAL sacks/ Dia From To Material From To Amt the	 			
Dia From To Material From To Aint lbs 22 0 18 Sentenite 0 16 40 S				
16 18 400	 			
	(11) WELL LOG Ground Elevation 4,159			
How was seal placed: Method A B C D E	Material From To			
X Other poured dry and tarn	lopeoil silty loom 0 2			
Backfill placed from R. to ft. Material	and med 2 5			
Filter pack from R. to R. Material Size	elay brn5 45			
	and clay 45 70			
Explosives used: Yes Type Amount	and, course 70 167			
(6) CASING/LINER Classing Liner Das + From To Gausse Sti Plate Wid Third	rook blk/clay gravel 167 220			
	clay/name			
O 18 X 1 20 250 O C	blay/sand brn 225 270 sand/pumice/talec,brn 270 370			
	play/sand brn 370 400			
	RECEIVED			
Shoe Inside Outside Other Location of shoe(s)				
Temp casing Yes Dis From To	NN 05 2006			
(7) PERFORATIONS/SCREENS	3011 0			
Perforations Method	WATER RESOURCES DEPT			
Scroens Type Material	SALEM, OREGON			
Peri/ Casing/Screen Surm/slot Slot #0f Tele/ Screen Liner Dia From To width length slots pipe size	Date Started 05-26-2006 Completed 06-01-2006			
John John Jo Hall Gages 100 pps 11	(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.			
(8) WELL TESTS: Minimum testing time is 1 bour	License Number Date			
Pump (a) Bailer Air Plowing Artesian	Password: (if filing electronically)			
	Signed			
100 0	(bonded) Water Well Countractor Certification			
	I accept responsibility for the construction, deepening, alteration, or abandonment			
work performed on this well during the construction dates reported above. All we				
Temperature 60 °F Lab analysis Yes By performed during this time is in compliance with Oregon water supply we				
Water quality concerns? [Ves (describe below)] construction standards. This report is true to the best of my knowledge and belief.				
From To Description Amount Units License Number 1424 Desc 62-06				
Password: (if filing electronically)				
RECEIVED Signed 25				
Contact Info (optional)				
ORIGINAL, WATER RESOURCES DEPARTMENT				

ORIGINAL - WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK
Form Version: 0.88

WATER RESOURCES DEPT SALEM, OREGON