

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

DESC 59454

Desc 59454
WELL LABEL # L 104457
START CARD # 18959m
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D.
First Name Dave Last Name Rath
Company Pa Bay
Address
City Christmas Valley State OR Zip 97141

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

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 460 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
74"	0	30	Bent	0	30	48	Sck
16"	30	460					

How was seal placed: Method A B C D E
 Other 3 mm PWT Bent
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		16"	+	7	31	.250	✓			Y

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Cang	Linr	Screen Dia	From	To	Screen/ 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) _____
Temperature 50 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Deer Twp 22 N or S Range 20 E or W W.M.
Sec 3 MF 1/4 of the PV 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 41600 HWY 20 Brother St 97112

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>11-25-11</u>			<u>146'</u>
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 240

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>11-25-11</u>	<u>240</u>	<u>245</u>	<u>100 gpm</u>			<u>146</u>
	<u>310</u>	<u>370</u>	<u>100 gpm</u>			<u>11</u>
	<u>370</u>	<u>410</u>	<u>200 gpm</u>			<u>4</u>

(11) WELL LOG Ground Elevation

Material	From	To
<u>TOP SOIL</u>	<u>0</u>	<u>2</u>
<u>Drain Clay</u>	<u>2</u>	<u>25</u>
<u>Brown Lamin Rock</u>	<u>25</u>	<u>130</u>
<u>Blue Clay</u>	<u>130</u>	<u>240</u>
<u>Grey Lamin Rock</u>	<u>240</u>	<u>300</u>
<u>Pink Pumice</u>	<u>300</u>	<u>460</u>

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APR 25 2012
JUL 18 2012 WATER RESOURCES DEPT
SALEM, OREGON
SALEM, OR
Date Started 11-14-11 Completed 11-25-11

(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.

License Number _____ Date _____
Signed _____ SALEM, OR

(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 1654 Date 4-6-12
Signed _____
Contact info. (optional) _____

1011688

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

WELL ID. # L 63277
 START CARD # 1626

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

(1) LAND OWNER: Name David Roth Well Number _____
 Address PO Box 358
 City Christmas Valley State OR Zip 97641

(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 360 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	43	Gravel	0	43	13 Sacks
	43	360				

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: 16"	41	43	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1500 +		360	1 hr

Temperature of water 53' 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 Oregon Latitude _____ Longitude _____
 Township 22 N or S Range 20 E or W. WM.
 Section 1 SE 1/4 NE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2 1/2 mile west of Hampton Store

(10) STATIC WATER LEVEL:
136.2 ft. below land surface. Date 5/11/01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
165	180	1500	136.2
322	360	500	136.2

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
Gravel Sand	2	15	
Clay Blown	15	43	
Brown Clay	43	85	
Gray Basalt	85	145	
Brown Sand Stone	145	165	
Red Mud	165	180	
Brown Sand Stone	180	322	
Clay Blown	322	360	

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JUL 06 2004

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NOV 19 2013

WATER RESOURCES DEPT
 SALEM, OREGON

SALEM, OR

Date started 4-27-04 Completed 5-11-04

(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 the best of my 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 1626
 Signed J. Howard Date 6-22-04

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 517.765)

FEB 20 2003

WELL I.D. # L 60432 SALEM, OR
START CARD # 153701

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

(1) LAND OWNER
Name Daniel Roth Well Number _____
Address PO Box 358
City Christmas Lake OR Zip 97641

(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 410 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	35	Cement	0	35	25 Sacks

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
16"	0	35	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing
 Artesian
Yield gal/min _____ Drawdown _____ Drill stem lift _____ Time _____
750 1 410 20

Temperature of water 50 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 Deschutes Latitude _____ Longitude _____
Township 22 N or S Range 20 E or W W.M.
Section 2 NW 1/4 26 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4 mile west of Hampton store

(10) STATIC WATER LEVEL:
151 ft. below land surface Date 1-26-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 240

From	To	Estimated Flow Rate	SWL
240	390	1500 +	151

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Hard Brown Sandstone	2	90	
Lagen Rock	90	240	
Fluvial	240	260	
Brown loam	260	265	
Gray loam	265	280	
Brown loam	280	293	
Brown sand silt	293	300	
Clay with cinders	300	410	

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FEB 20 2003
APR 07 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-17-02 Completed 1-26-03

(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 the best of my knowledge and belief.
WVC 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.
WVC Number 16561
Signed Handwritten Date 2-17-03