



# MEMO

**To:** Kristopher Byrd, Well Construction and Compliance Section Manager  
**From:** Joel Jeffery, Well Construction Program Coordinator  
**Subject:** Review of Water Right Application G-18894  
**Date:** March 2, 2020

The attached application was forwarded to the Well Construction and Compliance Section by Water Rights. Phil Marcy reviewed the application. Please see Phil's review and the Well Log.

Applicant's Well #1 (UNIO 50684): Based on a review of the Well Report, Applicant's Well #1 seems to protect the groundwater resource.

The construction of Applicant's Well #1 may not satisfy hydraulic connection issues.

4110  
50684

APR 13 2000

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 40696  
START CARD # 114141

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

(1) OWNER: Well Number \_\_\_\_\_  
Name GREG BINGAMAN  
Address 64088 MCDONALD LANE  
City LAGRANDE State OR Zip 97850

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

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other AIR REVERSE

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

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 3138ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |      | SEAL     |      |      |                 |
|----------|------|------|----------|------|------|-----------------|
| Diameter | From | To   | Material | From | To   | Sacks or pounds |
| 23"      | 0    | 450  | concrete | 0    | 197  | 225 SK          |
| 19"      | 450  | 1872 | concrete | 1772 | 1872 | 150 SK          |

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material 5440's  
Gravel placed from 197 ft. to 1772 ft. Size of gravel 3/8

(6) CASING/LINER:

| Diameter      | From | To   | Gauge | Steel                               | Plastic                  | Welded                              | Threaded                 |
|---------------|------|------|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 18"   | 42   | 8    | 375   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16"           | 8    | 430  | 375   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14"           | 430  | 1872 | 375   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: 10.750 | 1772 | 2472 | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8.5/8         | 2472 | 3138 | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) NO

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY  
 Screens Type \_\_\_\_\_ Material STEEL

| From | To   | Slot size | Number | Diameter | Tele/pipe size | Casing                              | Liner                               |
|------|------|-----------|--------|----------|----------------|-------------------------------------|-------------------------------------|
| 1772 | 1952 | 250       | 7900   | 10.750   | 2.50           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2352 | 2472 | 250       | 2600   | 10.750   | 2.50           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2417 | 2457 | 3/16      | 640    | 8 5/8    | 2.50           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2587 | 2687 | 3/16      | 1600   | 8 5/8    | 2.50           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2697 | 2767 | 3/16      | 1120   | 8 5/8    | 2.50           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air PUMP  Flowing Artesian  
Yield gal/min \_\_\_\_\_ Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time \_\_\_\_\_  
1700 36" 10.250-180' 7 WPM

GPA 350 ARTESIAN  
Temperature of water 10.1 Depth Artesian Flow Found 1916  
Was a water analysis done? NO  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use? NO  Too little-  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: ARTESIAN 12 POUNDS

(9) LOCATION OF WELL by legal description:  
County UNION Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2S Range 38E E or W-M. \_\_\_\_\_  
Section 12 SE 1/4 SW 1/4  
Tax Lot 2301 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 64088 MCDONALD LANE

(10) STATIC WATER LEVEL:  
Flowing ft. below land surface. Date 7-30-98  
Artesian pressure 12 lb. per square inch. Date 3-6-2000

(11) WATER BEARING ZONES:  
Depth at which water was first found 153

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 154  | 171 | 100                 | 22  |
| 325  | 334 |                     |     |
| 436  | 439 |                     |     |
| 542  | 544 |                     |     |
| 768  | 774 |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                         | From | To  | SWL   |
|----------------------------------|------|-----|-------|
| TOPSOIL                          | 0    | 1   |       |
| Ample clay TAN                   | 1    | 108 | 22    |
| clay green SOFT                  | 108  | 112 |       |
| clay gray SOFT                   | 112  | 137 |       |
| clay green & sand                | 137  | 141 |       |
| clay gray                        | 141  | 142 |       |
| clay gray & sand coarse 1/2" V   | 142  | 147 |       |
| clay gray & sand coarse concrete | 147  | 153 |       |
| sandstone & sand coarse V4       | 153  | 154 |       |
| gravel V4 - 1" & sand            | 154  | 171 | water |
| clay gray SOFT                   | 171  | 182 |       |
| clay brown & gray                | 182  | 188 |       |
| sand & sandstone gravel clay     | 188  | 202 |       |
| sandstone block                  | 202  | 205 |       |
| clay gray & green SOFT sand      | 205  | 209 |       |
| claystone gray                   | 209  | 214 |       |
| clay brown & sand coarse         | 214  | 219 |       |
| clay TAN - SOFT                  | 219  | 223 |       |
| clay & sand - green              | 223  | 237 |       |
| clay TAN - SOFT                  | 237  | 241 |       |

Date started 6-29-1998 Completed 3-6-2000

(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 1399  
Signed Wally Lowe Date 3-20-2000

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# 2 of 19

UN10  
50684

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STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 40696  
START CARD # 114141

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

(1) OWNER: Well Number \_\_\_\_\_

Name \_\_\_\_\_  
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     |      |    |                 |
|----------|--------|----------|------|----|-----------------|
| Diameter | From   | Material | From | To | Sacks or pounds |
| 12 1/4   | 18 7/8 | 2472     |      |    |                 |
| 9 7/8    | 24 7/2 | 3138     |      |    |                 |

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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) NO

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type 33B Material STEEL

| From   | To     | Slot size | Number | Diameter | Tele/pipe size | Casing                              | Liner                               |
|--------|--------|-----------|--------|----------|----------------|-------------------------------------|-------------------------------------|
| 28 1/2 | 31 3/8 | 5/16      | 5120   | 8 3/8    | 1.30           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing Artesian |
|-------------------------------|---------------------------------|------------------------------|---|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Time                                      |
|                               |                                 |                              | 1 hr.                                     |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To   | Estimated Flow Rate | SWL |
|------|------|---------------------|-----|
| 797  | 800  |                     |     |
| 862  | 867  |                     |     |
| 1001 | 1003 |                     |     |
| 1056 | 1058 |                     |     |
| 1062 | 1067 |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                    | From | To  | SWL   |
|-----------------------------|------|-----|-------|
| clay green + gray dry       | 241  | 254 |       |
| clay gray SOFT              | 254  | 265 |       |
| clay green SOFT             | 265  | 320 |       |
| clay gray + green some dry  | 320  | 325 |       |
| sandstone + clay - green    | 325  | 334 | water |
| clay green + gray - HARD    | 334  | 406 |       |
| gravel + sand + clay gray   | 406  | 410 |       |
| clay gray                   | 410  | 436 |       |
| gravel sand + sand coarse   | 436  | 439 | water |
| clay green SOFT             | 439  | 463 |       |
| claystone + clay green HARD | 463  | 481 |       |
| clay gray SOFT              | 481  | 487 |       |
| clay + sand green SOFT      | 487  | 528 |       |
| clay brown SOFT             | 528  | 542 |       |
| sand green FINE             | 542  | 544 | water |
| clay graygreen SOFT         | 544  | 576 |       |
| clay green sandy SOFT       | 576  | 615 |       |
| Rock                        | 615  | 616 |       |
| clay gray + green SOFT      | 616  | 712 |       |
| clay brown + sandy SOFT     | 712  | 725 |       |

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 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 1399  
Signed Walter Lawrence Date \_\_\_\_\_

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#3 of 19

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 40696  
START CARD # 114141

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

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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

| 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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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"/> |
|      |    |           |        |          |                | <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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing |
|-------------------------------|---------------------------------|------------------------------|----------------------------------|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Artesian Time                    |
|                               |                                 |                              | 1 hr.                            |
|                               |                                 |                              |                                  |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To   | Estimated Flow Rate | SWL |
|------|------|---------------------|-----|
| 1091 | 1093 |                     |     |
| 1222 | 1226 |                     |     |
| 1477 | 1479 |                     |     |
| 1540 | 1542 |                     |     |
| 1620 | 1623 |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                         | From | To  | SWL   |
|----------------------------------|------|-----|-------|
| clay Brown in Red SOFT           | 725  | 729 |       |
| clay TAN SOFT + Dry              | 729  | 731 |       |
| clay tan + gravel 1/8-1"         | 731  | 732 |       |
| clay green SOFT                  | 732  | 739 |       |
| gravel + clay green              | 739  | 740 |       |
| clay Brown SOFT                  | 740  | 768 |       |
| sand + gravel + clay green       | 768  | 774 | water |
| clay green SOFT                  | 774  | 797 |       |
| gravel 1/8-1"                    | 797  | 800 | water |
| clay Brown SOFT                  | 800  | 827 |       |
| clay TAN SOFT                    | 827  | 832 |       |
| clay gray + green SOFT           | 832  | 842 |       |
| clay green sand + dry            | 842  | 862 |       |
| sand coarse + gravel 1/8-1"      | 862  | 867 | water |
| clay green + gray SOFT           | 867  | 898 |       |
| clay tan + shale hard            | 898  | 900 |       |
| clay gray + sandstone            | 900  | 918 |       |
| sandy clay - green               | 918  | 923 |       |
| clay gray + Brown Hard Dry       | 923  | 969 |       |
| sand + clay green + gravel small | 969  | 971 |       |

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 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 \_\_\_\_\_  
Signed Waldo Jones Date \_\_\_\_\_

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# 4 of 19

STATE OF OREGON  
WATER SUPPLY WELL REPORT

APR 13 2000

WELL I.D. # L 40696  
START CARD # 114141

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT.  
SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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     |      |    | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |

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 | Material                 |                          |                          |                          |
|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|          |      |    |       | Steel                    | Plastic                  | Welded                   | Threaded                 |
| Casing:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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"/> |
|      |    |           |        |          |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                 | <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

Pump  Bailer  Air  Flowing  
 Artesian

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
|               |          |               | 1 hr. |
|               |          |               |       |
|               |          |               |       |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To   | Estimated Flow Rate | SWL |
|------|------|---------------------|-----|
| 1915 | 1918 | Flowing 350 gpm     | 7   |
| 2412 | 2417 | 25 gpm              | OUT |
| 2722 | 2730 |                     | OUT |
| 2839 | 2845 | 350 gpm             | 8   |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                     | From | To   | SWL   |
|------------------------------|------|------|-------|
| clay green SOFT              | 971  | 973  |       |
| gravel + sand + clay - green | 973  | 974  |       |
| clay green                   | 974  | 983  |       |
| sand + clay green            | 983  | 985  |       |
| clay green SOFT              | 985  | 1001 |       |
| sand course                  | 1001 | 1003 | Water |
| clay green SOFT              | 1003 | 1006 |       |
| sand course                  | 1006 | 1008 |       |
| clay green                   | 1008 | 1022 |       |
| clay green + gravel 3/8-1/2  | 1022 | 1024 |       |
| clay green SOFT              | 1024 | 1032 |       |
| sand course                  | 1032 | 1034 |       |
| clay green SOFT              | 1034 | 1048 |       |
| clay + sand Fine + green     | 1048 | 1056 |       |
| gravel 1/8-3/16              | 1056 | 1058 | Water |
| clay green SOFT + wood       | 1058 | 1062 |       |
| gravel 1/8-1/2               | 1062 | 1067 | Water |
| clay green                   | 1067 | 1079 |       |
| sand course                  | 1079 | 1081 |       |
| clay green - green           | 1081 | 1091 |       |

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 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 \_\_\_\_\_  
Signed Walter Lorne Date \_\_\_\_\_

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# 5 of 19

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

WELL I.D. # L 40696  
START CARD # 114141

Instructions for completing this report are on the last page of the WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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

| 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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

(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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                           | From | To   | SWL   |
|------------------------------------|------|------|-------|
| Sand course                        | 1091 | 1093 | Water |
| clay green hard                    | 1093 | 1118 |       |
| clay Brown Hard                    | 1118 | 1126 |       |
| Sand course green                  | 1126 | 1131 |       |
| clay green                         | 1131 | 1146 |       |
| clay gray hard                     | 1146 | 1149 |       |
| clay Brown + light green hard      | 1149 | 1152 |       |
| clay light green Hard              | 1152 | 1198 |       |
| clay tan SOFT + sand course medium | 1198 | 1222 |       |
| Sand course green                  | 1222 | 1226 | Water |
| clay gray SOFT                     | 1226 | 1229 |       |
| clay tan SOFT                      | 1229 | 1245 |       |
| clay Stone green                   | 1245 | 1254 |       |
| clay gray + green + claystone      | 1254 | 1258 |       |
| clay Brown's red SOFT + Hard       | 1258 | 1261 |       |
| clay green SOFT                    | 1261 | 1273 |       |
| clay gray SOFT                     | 1273 | 1292 |       |
| Sand course green                  | 1292 | 1293 |       |
| clay green                         | 1293 | 1295 |       |
| clay Block Hard                    | 1295 | 1298 |       |

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 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 \_\_\_\_\_  
Signed Wally Jones Date \_\_\_\_\_

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# 6 of 19

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

APR 13 2000

WELL I.D. # L 40696  
START CARD # 114141

Instructions for completing this report are on the last page of this report. WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_

Name \_\_\_\_\_  
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     |      |    | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |

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 | Material                 |                          |                          |                          |
|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|          |      |    |       | Steel                    | Plastic                  | Welded                   | Threaded                 |
| Casing:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing |
|-------------------------------|---------------------------------|------------------------------|----------------------------------|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Artesian                         |
|                               |                                 |                              |                                  |
|                               |                                 |                              |                                  |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                    | From | To   | SWL |
|-----------------------------|------|------|-----|
| clay gray SOFT              | 1298 | 1323 |     |
| sand coarse                 | 1323 | 1325 |     |
| clay green + claystone      | 1325 | 1343 |     |
| sand FINE + clay green      | 1343 | 1345 |     |
| clay green Hard             | 1345 | 1375 |     |
| sand coarse                 | 1375 | 1378 |     |
| clay green + claystone      | 1378 | 1398 |     |
| clay gray SOFT              | 1398 | 1393 |     |
| clay Brown SOFT             | 1393 | 1403 |     |
| clay green sand + clay Red  | 1403 | 1405 |     |
| clay green SOFT             | 1405 | 1416 |     |
| clay green + sand coarse    | 1416 | 1421 |     |
| sand coarse + gravel small  | 1421 | 1423 |     |
| clay green SOFT             | 1423 | 1439 |     |
| clay sandy + SOFT           | 1439 | 1441 |     |
| sand coarse + clay green    | 1441 | 1444 |     |
| clay green + Brown SOFT     | 1444 | 1447 |     |
| clay gray + green Very SOFT | 1447 | 1451 |     |
| clay sandy Red SOFT         | 1451 | 1453 |     |
| clay gray green SOFT        | 1453 | 1455 |     |

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 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 \_\_\_\_\_  
Signed Walter Lowe Date \_\_\_\_\_

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# 7 of 19

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

WELL I.D. # 40696  
START CARD # 210141

WATER RESOURCES DEPT.  
SALEM, OREGON

Instructions for completing this report are on the last page

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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

| 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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing |
|-------------------------------|---------------------------------|------------------------------|----------------------------------|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Artesian                         |
|                               |                                 |                              |                                  |
|                               |                                 |                              |                                  |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                      | From | To   | SWL   |
|-------------------------------|------|------|-------|
| clay green SOFT               | 1455 | 1461 |       |
| clay green + claystone hard   | 1461 | 1463 |       |
| clay green + gray SOFT        | 1463 | 1476 |       |
| clay gray green + sand course | 1476 | 1477 |       |
| sand course + gravel 3/8"     | 1477 | 1479 | Water |
| clay green SOFT               | 1479 | 1496 |       |
| clay green soft + claystone   | 1496 |      |       |
| dark + sand course            |      | 1498 |       |
| clay gray SOFT                | 1498 | 1514 |       |
| clay green SOFT + sand course | 1514 | 1518 |       |
| clay green SOFT               | 1518 | 1540 |       |
| sand course                   | 1540 | 1549 | Water |
| clay green SOFT               | 1549 | 1547 |       |
| clay tan SOFT                 | 1547 | 1563 |       |
| clay green SOFT + sand course | 1563 | 1567 |       |
| clay green SOFT               | 1567 | 1579 |       |
| clay green + shale green dark | 1579 | 1582 |       |
| clay green SOFT sand course   | 1582 | 1591 |       |
| sand course green             | 1591 | 1594 |       |
| clay green SOFT               | 1594 | 1609 |       |

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 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 \_\_\_\_\_  
Signed Walter Lorne Date \_\_\_\_\_



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# 8 of 19

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 40696  
START CARD # 114141

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

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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     |      |    | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |

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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing |
|-------------------------------|---------------------------------|------------------------------|----------------------------------|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Artesian                         |
|                               |                                 |                              |                                  |
|                               |                                 |                              |                                  |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                       | From | To   | SWL   |
|--------------------------------|------|------|-------|
| clay green + sand course       | 1609 | 1620 |       |
| sand course + gravel 1/2-3/8   | 1620 | 1623 | water |
| clay green SOFT                | 1623 | 1627 |       |
| sand course green + clay green | 1627 | 1629 |       |
| sand course + gravel 1/2-3/8   | 1629 | 1632 |       |
| clay + sand green              | 1632 | 1636 |       |
| sand course green              | 1636 | 1638 |       |
| clay + shale - green Dark      | 1638 | 1647 |       |
| clay gray + Block SOFT         | 1647 | 1649 |       |
| clay green SOFT                | 1649 | 1653 |       |
| clay gray SOFT                 | 1653 | 1657 |       |
| clay green                     | 1657 | 1660 |       |
| clay + shale - green + gray    | 1660 | 1661 |       |
| clay green SOFT                | 1661 | 1681 |       |
| clay green + shale green + Red | 1681 | 1709 |       |
| shale green Dark + gravel 3/4  | 1709 | 1713 |       |
| clay green SOFT + gravel 3/4   | 1713 | 1716 |       |
| clay green SOFT                | 1716 | 1738 |       |
| clay green Dark                | 1738 | 1740 |       |
| sand course                    | 1740 | 1743 |       |

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 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 \_\_\_\_\_  
Signed Walter Lowe Date \_\_\_\_\_

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# 9 of 19

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

APR 13 2000

WELL I.D. # 40696  
START CARD # 114141

Instructions for completing this report are on the last page. WATER RESOURCES DEPT.  
SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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     |      |    | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |

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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailor | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing Artesian |
|-------------------------------|---------------------------------|------------------------------|---|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Time                                      |
|                               |                                 |                              | 1 hr.                                     |
|                               |                                 |                              |   |
|                               |                                 |                              |   |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                               | From | To   | SWL |
|--|------|------|-----|
| clay gray SOFT                         | 1743 | 1746 |     |
| clay Brown SOFT DRY                    | 1746 | 1751 |     |
| clay & shale Block                     | 1751 | 1766 |     |
| clay Brown SOFT                        | 1766 | 1771 |     |
| clay green SOFT                        | 1771 | 1776 |     |
| clay Brown SOFT                        | 1776 | 1779 |     |
| clay green SOFT                        | 1779 | 1781 |     |
| clay Brown SOFT                        | 1781 | 1784 |     |
| clay & shale Brown's green SOFT & HARD | 1784 | 1786 |     |
| clay Brown                             | 1786 | 1787 |     |
| clay Brown's & green SOFT + HARD       | 1787 | 1788 |     |
| clay green + SOFT                      | 1788 | 1791 |     |
| clay gray-green SOFT                   | 1791 | 1793 |     |
| clay Brown SOFT                        | 1793 | 1796 |     |
| clay gray SOFT                         | 1796 | 1798 |     |
| clay Brown SOFT                        | 1798 | 1805 |     |
| clay gray SOFT & HARD                  | 1805 | 1808 |     |
|  | 1808 |      |     |

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 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 \_\_\_\_\_  
Signed Waldo Lorne Date \_\_\_\_\_

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#10 of 19

APR 13 2000

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

WELL I.D. # 40696  
START CARD # 114141

WATER RESOURCES DEPT.  
SALEM, OREGON

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

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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

| 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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

Pump  Bailer  Air  Flowing  
 Artesian

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
|               |          |               | 1 hr. |
|               |          |               |       |
|               |          |               |       |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                              | From | To   | SWL |
|---------------------------------------|------|------|-----|
| clay gray + Brown + Black SOFT + Hard | 1808 | 1810 |     |
| clay green SOFT                       | 1810 | 1811 |     |
| clay gray                             | 1811 | 1815 |     |
| clay gray green SOFT                  | 1815 | 1817 |     |
| clay Brown                            | 1817 | 1820 |     |
| clay green brown + claystone          | 1820 | 1823 |     |
| clay gray SOFT + claystone            | 1823 |      |     |
| Block                                 |      | 1829 |     |
| clay Brown SOFT + Hard                | 1829 | 1838 |     |
| clay gray Brown SOFT                  | 1838 | 1842 |     |
| clay Brown + gray SOFT                | 1842 | 1852 |     |
| clay green SOFT                       | 1852 | 1867 |     |
| Basalt Block + clay Blue gray         | 1867 | 1876 |     |
| cinder Block SOFT + clay Block        | 1876 | 1879 |     |
| gray clay green SOFT + Basalt Block   | 1879 | 1889 |     |
| clay red SOFT cinder Block            | 1889 | 1892 |     |

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 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 \_\_\_\_\_  
Signed Wally Love Date \_\_\_\_\_

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# 11 of 19

APR 13 2000

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

WELL I.D. # L 40696  
START CARD # 114141

Instructions for completing this report are on the last page. WATER RESOURCES DEPT.  
SALEM, OREGON

(1) OWNER: Well Number \_\_\_\_\_

Name \_\_\_\_\_  
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     |      |    | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |

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:

| Casing: | Diameter | From | To | Gauge | Steel                    | Plastic                  | Welded                   | Threaded                 |
|---------|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    | Perforations             | Method | Screens                  | Type | Material |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|--------------------------|--------|--------------------------|------|----------|
|      |    |           |        |          |                |                          |                          | <input type="checkbox"/> |        | <input type="checkbox"/> |      |          |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        | <input type="checkbox"/> |      |          |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        | <input type="checkbox"/> |      |          |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        | <input type="checkbox"/> |      |          |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> | <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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing |
|-------------------------------|---------------------------------|------------------------------|----------------------------------|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Artesian Time                    |
|                               |                                 |                              | 1 hr.                            |
|                               |                                 |                              |                                  |
|                               |                                 |                              |                                  |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM.  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

| Material                            | From | To   | SWL     |
|-------------------------------------|------|------|---------|
| Clay Brown + cinder block           | 1892 | 1894 |         |
| clay block + " " "                  | 1894 | 1897 |         |
| clay block gray green +             | 1897 |      |         |
| Brown SOFT cinder block             |      | 1912 |         |
| Basalt block clay gray SOFT         | 1912 | 1914 |         |
| clay gray SOFT Basalt block         | 1914 | 1915 |         |
| Basalt block + clay + shale green   | 1915 | 1918 | Flowing |
| Basalt block + clay gray SOFT       | 1918 | 1920 |         |
| clay gray SOFT + Basalt block       | 1920 | 1926 |         |
| clay block SOFT                     | 1926 | 1929 |         |
| clay block cinder block             | 1929 | 1931 |         |
| Basalt block vac. + shale green     | 1931 | 1934 |         |
| Basalt gray Hard shale green        | 1934 | 1937 |         |
| Basalt gray + clay gray green       | 1937 | 1942 |         |
| clay gray + Basalt block            | 1942 | 1954 |         |
| Basalt gray                         | 1954 | 1960 |         |
| Basalt gray clay gray + shale green | 1960 | 1963 |         |
| Basalt gray clay gray SOFT          | 1963 | 1976 |         |
| clay gray green block SOFT +        | 1976 |      |         |
| Basalt block + shale green          |      | 1994 |         |

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 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 1399  
Signed Walter Lowe Date \_\_\_\_\_

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# 12 of 19

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

WATER RESOURCES DEPT.  
OREGON

WELL I.D. # L 40696  
START CARD # 117141

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

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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  
Diameter From To Material From To Sacks or pounds

| 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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
|               |          |               | 1 hr. |
|               |          |               |       |
|               |          |               |       |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material   | From | To   | SWL |
|--|------|------|-----|
| Basalt gray + clay gray SOFT                           | 1994 | 1997 |     |
| clay gray SOFT Basalt Block                            | 1997 | 2002 |     |
| Basalt gray clay gray SOFT                             | 2002 | 2087 |     |
| cinder Red + black + shale green                       | 2087 | 2091 |     |
| Basalt Block + shale green + gray                      | 2091 | 2104 |     |
| Basalt gray + shale green                              | 2104 | 2109 |     |
| Basalt Block + shale green                             | 2109 | 2118 |     |
| Basalt Block vec. + shale green                        | 2118 |      |     |
| + tan + pink SOFT                                      |      | 2133 |     |
| cinder Block " " "                                     | 2133 | 2162 |     |
| Basalt Block + shale green                             | 2162 | 2164 |     |
| Basalt Block + gray + shale green + pink + gray + clay | 2164 |      |     |
| gray SOFT  |      | 2218 |     |
| Basalt Block + shale Red + blue                        | 2218 | 2221 |     |
| Basalt Block + shale green clay                        | 2221 | 2270 |     |
| clay Red Brown Basalt Block                            | 2270 | 2274 |     |
| Basalt Block + cinder Red                              | 2274 | 2279 |     |
| Basalt gray + clay gray SOFT shale green               | 2279 | 2304 |     |

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 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 \_\_\_\_\_  
Signed Walter Jones Date \_\_\_\_\_

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

WATER RESOURCES DEPT.  
SALMON, OREGON

WELL I.D. # L 40896  
START CARD # 114141

Instructions for completing this report are on the last page.

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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

| 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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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"/> |
|      |    |           |        |          |                | <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

Pump  Bailer  Air  Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
|               |          |               | 1 hr. |
|               |          |               |       |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                                | From | To   | SWL     |
|---|------|------|---------|
| Basalt gray - Brown + shale green       | 2304 | 2329 |         |
| Basalt gray shale green                 | 2329 | 2338 |         |
| limestone Red + clay Red SOFT           | 2338 | 2341 |         |
| clay Brown + chert Brown                | 2341 | 2347 |         |
| clay Black + chert Black                | 2347 | 2354 |         |
| clay gray SOFT                          | 2354 | 2356 |         |
| clay + shale green                      | 2356 | 2362 |         |
| clay green SOFT + chert gray            | 2362 | 2368 |         |
| chert Black + clay gray SOFT            | 2368 | 2371 |         |
| chert green Basalt Black                | 2371 | 2379 |         |
| Basalt gray + shale green               | 2379 | 2383 |         |
| Basalt Black + shale green              | 2383 | 2392 |         |
| chert gray + Red shale green +          | 2392 | 2396 |         |
| Basalt Black + all gray Hard            |      | 2396 |         |
| chert Brown + shale green               | 2396 | 2412 |         |
| Basalt Black Veg. chert Red shale green | 2412 | 2417 | Flowing |
| Basalt Black shale green + clay gray    | 2417 | 2425 | 256 PM  |
| clay gray + Black + Basalt Black        | 2425 | 2427 |         |
| clay green + gray SOFT                  | 2427 | 2428 |         |

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 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 \_\_\_\_\_  
Signed Waldo Lowe Date \_\_\_\_\_

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#14 of 19

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 40696  
START CARD # 114141

Instructions for completing this report are on the last page.

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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

| 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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

Pump  Bailer  Air  Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
|               |          |               | 1 hr. |
|               |          |               |       |
|               |          |               |       |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                                  | From | To   | SWL |
|---|------|------|-----|
| clay TAN SOFT                             | 2428 | 2451 |     |
| clay green + gray + DRY HARD              | 2451 | 2454 |     |
| clay green + gray + Basalt Black vac      | 2454 | 2456 |     |
| clay TAN SOFT                             | 2456 | 2457 |     |
| shale green + Basalt Black vac            | 2457 | 2461 |     |
| clay tan Brown SOFT                       | 2461 | 2464 |     |
| Basalt Black vac. shale green             | 2464 | 2482 |     |
| Basalt Black vac. clay green              | 2472 | 2509 |     |
| Basalt Black clay tan shale green         | 2509 | 2511 |     |
| cinder Red + clay Brown + Red shale green | 2511 | 2516 |     |
| Basalt Black clay gray green              | 2516 | 2525 |     |
| Basalt Brown SOFT                         | 2525 | 2527 |     |
| cinder Red shale green gray               | 2527 | 2529 |     |
| Basalt Brown + shale " "                  | 2529 | 2581 |     |
| Basalt Black + shale green gray + gravity | 2581 | 2584 |     |
| Basalt Brown + clay green SOFT            | 2584 | 2587 |     |
| Basalt Black + clay green HARD            | 2587 | 2590 |     |
| cinder Brown + Red + shale green          | 2590 | 2593 |     |

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 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 \_\_\_\_\_  
Signed Walter Lorne Date \_\_\_\_\_

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#15 of 19

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 40696  
START CARD # 114141

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

(1) OWNER: Well Number \_\_\_\_\_

Name \_\_\_\_\_  
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     |      |    | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |

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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input type="checkbox"/> Flowing |
|-------------------------------|---------------------------------|------------------------------|----------------------------------|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Time                             |
|                               |                                 |                              | 1 hr.                            |
|                               |                                 |                              |                                  |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                          | From | To   | SWL |
|-----------------------------------|------|------|-----|
| Basalt Brown shale green          | 2593 | 2596 |     |
| Basalt Brown shale green quartz   | 2596 |      |     |
| White + cinder Red clay red       |      | 2597 |     |
| Basalt Brown SOFT                 | 2597 | 2600 |     |
| Basalt Black shale green - quartz | 2600 | 2603 |     |
| Basalt Brown " " " "              | 2603 | 2605 |     |
| Basalt Black shale green          | 2605 | 2612 |     |
| Basalt gray's red shale green     | 2612 | 2629 |     |
| Basalt gray Brown quartz white    | 2629 | 2632 |     |
| Basalt Red shale green            | 2632 | 2637 |     |
| Basalt Black quartz w. shale      | 2637 | 2645 |     |
| Basalt gray shale green + quartz  | 2645 | 2652 |     |
| Basalt Brown shale green          | 2652 | 2657 |     |
| Basalt Black var. shale green     | 2657 | 2663 |     |
| Basalt gray + Black shale green   | 2663 |      |     |
| dry gray                          |      | 2667 |     |
| shale green Basalt Black          | 2667 | 2683 |     |
| Basalt Black shale green          | 2683 |      |     |
| dry gray SOFT                     |      | 2689 |     |
| shale green Basalt Black          | 2689 | 2690 |     |

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 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 \_\_\_\_\_  
Signed Waldo Lane Date \_\_\_\_\_



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#16 of 19

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APR 13 2000

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

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # L 40696  
START CARD # 114141

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

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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

| 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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(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"/> |
|      |    |           |        |          |                | <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

Pump  Bailer  Air  Flowing  
 Artesian

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
|               |          |               | 1 hr. |
|               |          |               |       |

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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                                 | From | To   | SWL   |
|--|------|------|-------|
| shale gray + brown Hard + clay gray SOFT | 2690 | 2705 |       |
| Basalt Block conchoidal                  | 2705 | 2711 |       |
| shale Brown + clay Brown                 | 2711 | 2714 |       |
| shale Brown + green Hard                 | 2714 | 2718 |       |
| shale green + brown + gray               | 2718 | 2720 |       |
| shale " " Basalt Block                   | 2720 | 2722 |       |
| Basalt Block                             | 2722 | 2730 | Water |
| Basalt gray quartz white                 | 2730 | 2761 |       |
| Basalt gray clay or ash gray             | 2761 | 2778 |       |
| Basalt Block " " "                       | 2778 | 2779 |       |
| Basalt Block shale green indurated       | 2779 | 2782 |       |
| shale Brown Hard                         | 2782 | 2784 |       |
| Basalt Block + shale gray                | 2784 | 2791 |       |
| Basalt gray shale gray                   | 2791 | 2799 |       |
| shale Brown + Basalt Block               | 2799 | 2801 |       |
| Cinder Block shale green                 | 2801 | 2816 |       |
| Basalt Block + shale gray + green        | 2816 | 2826 |       |
| Cinder Block + red shale green           | 2826 | 2829 |       |
| " " " shale Brown + green                | 2829 | 2835 |       |

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 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 1599  
Signed Walter Stone Date \_\_\_\_\_

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#17 of 19

APR 13 2000

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

WATER RESOURCES DEPT.  
OREGON

WELL I.D. # 40696  
START CARD # 114141

Instructions for completing this report are on the last page.

(1) OWNER: Well Number \_\_\_\_\_  
Name \_\_\_\_\_  
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     |      |    | Sacks or pounds |
|----------|------|----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |
|          |      |    |          |      |    |                 |

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:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner:   |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(7) PERFORATIONS/SCREENS:

| From | To | Slot size | Number | Diameter | Material | Tele/pipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|----------------|--------------------------|--------------------------|
|      |    |           |        |          |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          |                | <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  
 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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ 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 \_\_\_\_\_

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |
|      |    |                     |     |

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

| Material                         | From | To   | SWL     |
|----------------------------------|------|------|---------|
| Basalt Block shale green         | 2833 | 2839 |         |
| Basalt Block                     | 2839 | 2845 | 350 GPM |
| Basalt gray shale green          | 2845 | 2863 |         |
| Basalt Block + quartz            | 2863 | 2870 |         |
| Basalt gray + shale green        | 2870 | 2872 |         |
| Basalt Block + shale green       | 2872 | 2879 |         |
| Basalt gray shale green          | 2879 | 2881 |         |
| Basalt Block " "                 | 2881 | 2914 |         |
| Basalt Block + cinder Red        | 2914 | 2922 |         |
| Basalt gray v. s. + shale green  | 2922 | 2924 |         |
| Basalt Block shale green         | 2924 | 2939 |         |
| Basalt gray + shale green + gray | 2939 | 2943 |         |
| Basalt Block " " "               | 2943 | 2954 |         |
| Basalt gray + shale green        | 2954 | 2958 |         |
| Basalt Block + " "               | 2958 | 2962 |         |
| Basalt gray + shale green        | 2962 | 2970 |         |
| Basalt Brown + Block shale green | 2970 | 2973 |         |
| Basalt gray + shale green        | 2973 | 2976 |         |
| Basalt Block                     | 2976 | 2982 |         |
| Basalt gray + Block quartz       | 2982 | 2986 |         |

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 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 1399  
Signed Walter Lane Date \_\_\_\_\_

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#18 of 19

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APR 13 2000

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

WELL I.D. # L 40696

START CARD # 114191

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

(1) OWNER:

Well Number

Name, Address, City, State, Zip

(2) TYPE OF WORK

New Well, Deepening, Alteration, 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, Depth of Completed Well, Explosives used

HOLE SEAL table with columns for Diameter, From, To, Material, Sacks or pounds

How was seal placed: Method A, B, C, D, E

Other

Backfill placed from, Material

Gravel placed from, Size of gravel

(6) CASING/LINER:

Casing and Liner table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations/Screens table with columns for From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Well Tests table with columns for 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, Latitude, Longitude, Township, N or S Range, E or W. WM, Section, 1/4, 1/4, Tax Lot, Lot, Block, Subdivision, Street Address of Well

(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

Water Bearing Zones table with columns for From, To, Estimated Flow Rate, SWL

(12) WELL LOG:

Ground Elevation

Well Log table with columns for Material, From, To, SWL

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.

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.

WWC Number 1399

Signed, Date

