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1051148/0388
SE NW (START CARD) # 80392

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

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

UPH/SHK/CIC

(1) OWNER: Well Number _____

Name MINE WANSBACHER
Address 10851 S LOWELL BURKE HWY
City POWELL BURKE State OR Zip 97253

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

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 12" | 0 | 32 | BENTONITE | 0 | 32 | 19 SACKS |
| 5" | 32 | 590 | | | | |

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

| Casing | Diameter | From | To | Gauge | Material | | | |
|--------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| | 8" | +1 | 39 | 2 3/8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | 6" | 10 | 590 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

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

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 510 | 570 | 4 | 720 | 6 1/4 | 6 1/8 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 50 + 6 gpm | 0 | 570 | 1 hr. |

Temperature of water 76° 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 CRook Latitude _____ Longitude _____
Township 16 N or S Range 14 E or W. WM.
Section 3 NW 1/4 NW 1/4
Tax Lot 700 Loc _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) POWELL BURKE HWY

(10) STATIC WATER LEVEL:
502' ft. below land surface. Date 8/21/95
Artesian pressure 0 lb. per square inch. Date 8/21/95

(11) WATER BEARING ZONES:
Depth at which water was first found 505'

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 505 | 507 | 5 gpm | 502 |
| 535 | 542 | 25 gpm | 502 |
| 561 | 564 | 25 gpm | 502 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|------------------|------|-----|-----|
| SAND & GRAVEL | 0 | 25 | |
| SANDSTONE | 25 | 74 | |
| MEDIUM LAVA | 74 | 168 | |
| BROWN SANDSTONE | 168 | 415 | |
| MEDIUM LAVA | 415 | 471 | |
| BROWN SANDSTONE | 471 | 506 | |
| YELLOW SANDSTONE | 506 | 590 | 502 |
| CONCRETE | | | |

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WATER RESOURCES DEPT SALEM, OREGON
APR 15 2005
APR 27 2005
WATER RESOURCES DEPT SALEM, OREGON

Date started 8/16/95 Completed 8/21/95
(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WVC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WVC Number 1555
Signed Bill P Date 8/21/95

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