

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 61814
START CARD # 153962

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

(1) **LAND OWNER** Well Number _____
Name CORNUCOPIA LODGE
Address PO BOX 568
City UNION State OR Zip 97883

(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 142
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	21	BENTONITE	0	21	16 SACKS
7 1/2"	21	142				

How was seal placed: Method A B C D E
 Other POURED DRY

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: 6"	+2	141	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 141

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1/2		141	1 hr.

Temperature of water 52° 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 BAKER Latitude _____ Longitude _____
Township 6 N 45 E or W. WM.
Section 34 NW 1/4 NE 1/4
Tax Lot 10 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) CORNUCOPIA OR. (NO STREET ADDRESS)

(10) **STATIC WATER LEVEL:**
20 ft. below land surface. Date 7-11-03
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
80	120	1/2 GPM	20

(12) **WELL LOG:**

Ground Elevation _____

Material	From	To	SWL
SOIL	0	1	
BOULDERS CLAY & GRAVEL	1	12	
CLAY & BOULDERS	12	31	
CLAY & GRAVEL w/ BOULDERS	31	80	
GRAVEL & BOULDERS w/ CLAY	80	126	
HARD BASALT BLK	126	138	
BLACK BASALT w/ CLAYS	138	142	

RECEIVED

JUL 17 2003

RECEIVED

AUG 13 2003

WATER RESOURCES DEPT SALEM, OREGON

Date started 7-9-03 Completed 7-11-03

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WVC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
WVC Number 1775
Signed [Signature] Date 7-14-03