

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

WELL I.D. # L 75772

**WATER RESOURCES DEPT
 SALEM, OREGON**

START CARD # 178616

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

(1) **LAND OWNER** Lewis Well Number _____
 Name Gene Marks
 Address 47740 Anthony Lakes Hwy
 City North Powder State OR Zip 97867

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

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

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

(5) **BORE HOLE CONSTRUCTION** Special Construction: Yes No
 Depth of Completed Well 425 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
14	0	60	Cement	15	60	20 SACKS
			Bentinite	0	15	40 SACKS
10	60	425				

How was seal placed: Method A B C D E

Other Powered Bentinite

Backfill placed from _____ ft. to _____ ft. Material NONE

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER**

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	10	72	398	365	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:			NONE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None

Final location of shoe(s) 10" 398'

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
140	240	5x2	2000			<input checked="" type="checkbox"/>	<input type="checkbox"/>
240	300	4x2	2000			<input checked="" type="checkbox"/>	<input type="checkbox"/>
300	360	4x2	2000			<input checked="" type="checkbox"/>	<input type="checkbox"/>
360	400	4x2	1000			<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
700		300	

Temperature of water 57° 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 (legal description)**
 County Baker
 Tax Lot 300 Lot _____
 Township 7S N or S Range 38E E or W WM
 Section 2 NE 1/4 NE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL**
12 ft. below land surface. Date 5-20-05

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES**
 Depth at which water was first found 140

From	To	Estimated Flow Rate	SWL
140	480	700	12

(12) **WELL LOG** Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	10	
Yellow Clay	10	25	
Granite Sand (Hard)	25	30	
Tan Clay Gravel	30	80	
Granite Sand	80	95	
Clay shale	95	100	
Course Sand	100	110	
Clay	110	140	
Clay Course Gravel	140	150	12'
Course sand	150	157	
Tan Clay	157	160	
Clay & Gravel	160	180	
Hard	180	185	
Clay Stone	185	205	
Course sand	205	210	

Date Started 5-11-05 Completed 5-20-05

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

WWC Number 1640 Date 5-25-05

Signed [Signature]

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

WWC Number 415 Date 5-25-05

Signed [Signature]

4/19

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

MAY 25 2005

WELL I.D. # L 75772

WATER RESOURCES DEPT
SALEM, OREGON

START CARD # 172616

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

(1) LAND OWNER

Name Lewis (Gene) MARKS
Address 47740 Anthony Lakes Hwy 4
City North Powder State OR Zip 97867

(2) TYPE OF WORK

Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION

Special Construction: Yes No
Depth of Completed Well _____ ft.
Explosives used: Yes No Type _____ Amount _____

Diameter	BORE HOLE		Material	SEAL		Sacks or Pounds
	From	To		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/Liner	Diameter	From	To	Gauge	Material			
					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"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<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 (legal description)

County _____
Tax Lot _____ Lot _____
Township _____ N or S Range _____ E or W WM
Section _____ 1/4 _____ 1/4
Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
Long _____ ° _____ ' _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

_____ ft. below land surface. Date _____
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL

(12) WELL LOG

Material	Ground Elevation		SWL
	From	To	
Clay shale	210	215	12'
Sand	215	220	
Clay stone	220	230	
Gray shale	230	260	
Brown clay	260	265	
Brown shale	265	275	
Brown shale Gravel	275	280	
Dark Brown shale	280	360	
Brown clay Gravel	360	425	12'

Date Started _____ Completed _____

(unbonded) Water Well Constructor Certification

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

WWC Number 1640 Date _____

Signed [Signature]

(bonded) Water Well Constructor Certification

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

WWC Number _____ Date _____

Signed _____