

BENT
50998

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

WELL I.D. # 27779
START CARD # 114622

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

(1) OWNER: Well Number 11666
Name Alpine Water Co.
Address 25179 Alpine Rd
City Monroe State OR Zip 97456

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

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
10"	0' 174'	Cement	0' 174'	30 Sacks	
6"	174' 370'				

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: 6"	0'	174'	250	<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"/>

Final location of shoe(s) 6" @ 174'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
None							

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Flowing Time
45 GPM		370'	1 hr.

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 by legal description:
County Benton Latitude _____ Longitude _____
Township 14S N or S Range 06W E or W. WM.
Section 25 NE 1/4 NW 1/4
Tax Lot 00400 of 24 Block 4 Subdivision _____
Street Address of Well (or nearest address) Crandall St Alpine, OR

(10) STATIC WATER LEVEL:
68 ft. below land surface. Date 9-22-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 112'

From	To	Estimated Flow Rate	SWL
112'	113'	9 GPM	68'
342'	344'	36 GPM	68'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	8	
Red Clay	8	38	
Weathered Sandstone	38	67	
Blue-Gray Sandstone	67	265	68
Dark Blue Sandstone	265	282	68
Gray Sandstone	282	370	68

Date started 9-21-98 Completed 9-22-98
(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.
Signed ILTD WWC Number 1411 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.
Signed Donald Moring WWC Number 751 Date 9-22-98