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STATE OF OREGON
WATER SUPPLY WELL REPORT **WATER RESOURCES DEPT.**
(as required by ORS 537.765) **SALEM, OREGON**

WELL I.D. # L 34777
 START CARD # 107124

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

(1) **OWNER:** Well Number 3
 Name PIONEER VILLAGE WATER CO.
 Address PO BOX 771
 City PHILOMATH State OR Zip 97370

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

BORE HOLE		SEAL	
Diameter	From To	Material	From To
10	0 47 1/2	BENT	0 47 1/2
6	47 1/2 709		

Sacks or pounds 21 1/2 SACKS

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

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	47 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	1	709	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 47 1/2

(7) **PERFORATIONS/SCREENS:**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
380	400		40	1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>
540	600		200	1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	700		40	1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time	Flowing
7 1/2	167		4	Artesian

Temperature of water 56 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 44° 29' 42" Longitude 123° 26' 13"
 Township 12S N or S Range 6W E or W. WM.
 Section 28 1/4 _____ 1/4 _____
 Tax Lot 9005 of _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) COMMON AREA 600 FT NORTH EAST OF 31765 MCLOUGHLIN DR.

(10) **STATIC WATER LEVEL:** 451
333 ft. below land surface. Date 11-10-99
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 451

From	To	Estimated Flow Rate	SWL
451	452	7 1/2	333

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

Material	From	To	SWL
FILL	0	1	
SOIL	1	3	
YELLOW SILTY CLAY	3	18	
GREY CLAYSTONE	18	24	
GREY SANDSTONE	24	29	
GREY CLAYSTONE	29	31	
LT GREY SANDSTONE	31	83	
DRK GREY SANDSTONE	83	197	
BROWNISH GREY SNDSTONE	197	205	
LT BLUE SNDSTONE	205	211	
BROWNISH GREY SNDSTONE	211	234	
GREY SNDSTONE	234	261	
BROWNISH GREY SNDSTONE	261	267	
GREY SNDSTONE	267	451	
BROWNISH GREY SNDSTONE	451	477	333
BLUE GREY SNDSTONE	477	480	
BROWNISH GREY	480	482	
GREY SNDSTONE	482	508	
BROWNISH GREY SNDSTONE	508	529	
GREY SNDSTONE	529	709	

Date started 10-31-99 Completed 11-5-99

(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 1238
 Signed [Signature] Date 11-8-99